COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON PUBLIC HEALTH AND
HUMAN SERVICES

Room 400, City Hall
Philadelphia, Pennsylvania
Wednesday, October 27, 2010
10:20 a.m.

PRESENT:
COUNCILWOMAN MARIAN B. TASCO, CHAIR
COUNCILWOMAN JANNIE BLACKWELL
COUNCILMAN W. WILSON GOODE, JR.
COUNCILMAN CURTIS JONES, JR.
COUNCILWOMAN DONNA REED MILLER
COUNCILWOMAN BLONDELL REYNOLDS BROWN

RESOLUTION 100565 - Resolution authorizing the Council Committee on Public Health and Human Services to hold hearings regarding the HIV/AIDS infection epidemic in Philadelphia.

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COUNCILWOMAN TASCO: Good morning. Thank you all for coming this morning to this hearing with the Committee of Public Health and Human Services regarding our Resolution 100565, HIV/AIDS infection epidemic.

We will ask the Clerk to read the resolution, and we'll begin with our testimony.

THE CLERK: Resolution 100565, resolution authorizing the Council Committee on Public Health and Human Services to hold hearings regarding the HIV/AIDS infection epidemic in Philadelphia.

COUNCILWOMAN TASCO: This is a resolution and not a bill, which does not require -- a resolution does not require a vote. Therefore, we do not need a quorum at the beginning, but we will -- Councilmembers will be coming in during the course of the hearing.

Let me recognize Councilman Wilson Goode, Jr., who is a member of

this Committee. And as other Committee members come, we will introduce them to you.

My name is Marian Tasco and I am the Chair of the Committee on Public Health and Human Services for City Council.

November 7, 1991, for many this date changed the public face of HIV. On November 7, 1991, NBA legend Earvin "Magic" Johnson announced that he was HIV positive. This announcement and various subsequent announcements moved our nation into a broader public discussion regarding the nature of this infection and AIDS. In response, HIV/AIDS research, prevention and treatment moved to the forefront of our collective conscience as an issue that must be addressed.

In just 11 days, we will reach the 19th anniversary of this announcement. Although much has been accomplished, it feels as though we as a

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city, state and nation have moved on to confront other public health issues. However, the impact of HIV/AIDS is just as important now as it was 19 years ago, especially in Philadelphia.

In our city, we have HIV incident rates five times higher than the national average, even higher than New York City. In fact, our infection rates rival those of some third-world nations. As a result, these higher HIV incident rates have had a devastating effect on our city, particularly in the African American and the Latino communities. This effect has reached epidemic proportion, and it motivates us as a city to develop new ideas, policies and strategies to address this public health crisis. From this perspective, it is my goal that these hearings will be a catalyst for this change.

So today we welcome you to this Chamber. As you present your testimony, hopefully we will come up with some

recommendations that we can present as a way to further address and join in all the groups who have really spent a lot of time in educating and trying to treat those individuals in our city who are HIV/AIDS infected. So I welcome you this morning.

Our first testimony will be -- let me recognize Councilwoman Donna Reed Miller, who has joined us. She's also a member of the Committee.

Our first witness is Jamira Burley, a member of the Youth Commission.

(Witness approached witness table.)

COUNCILWOMAN TASCO: Good morning.

MS. BURLEY: Good morning.

COUNCILWOMAN TASCO: Would you state your name for the record.

MS. BURLEY: Good morning, Councilwoman Tasco and members of City Council. My name is Jamira Burley and I am a member of the Philadelphia Youth

Commission. As a member of the Philadelphia Youth Commission, it is my responsibility, as well as the responsibility of the Commissioners, to advocate on behalf of young people across the City. I am here today to help stress the importance of City Council's hearing in regards to the issues of HIV and AIDS.

The HIV and AIDS pandemic is a health crisis that is affecting not only individuals in the United States but also people in countries around the world. On a local level, a recent 2009 report from the Philadelphia Department of Public Health claims that currently 28,274 Philadelphians are currently living with the HIV or AIDS virus. According to the same report, in 2009, there were 911 new HIV infections in Philadelphia. Of these new HIV infections, over 38 percent of them occur among age groups of 13 to 29. These young people are now living with a new illness that will significantly impact their quality of life for the

years to come.

Clearly, there is a great need for City Council hearings in regards to these issues. Hopefully these hearings can help devise strategies to prevent new cases of HIV infection and to help improve the quality of life for the people currently infected. To help get a firsthand view of what it is like for a young Philadelphian living with the virus, I would like to introduce Kim, a 17-year-old young lady involved with the Haven Youth Center, an organization that helped to support services for young people infected with HIV.

COUNCILWOMAN TASCO: Thank you. And Kim is going to testify via telephone this morning.

Is she ready.

MR. McNALLY: Yeah, she's ready.

KIM: Hello. Good morning.

COUNCILWOMAN TASCO: Good morning, Kim.

KIM: My name is Kim.

COUNCILWOMAN TASCO: Good morning.

KIM: Good morning.

COUNCILWOMAN TASCO: And thank you for taking the time to testify and to share with us.

KIM: Thank you for allowing me to be here today. I'm very grateful.

COUNCILWOMAN TASCO: You may proceed with your testimony.

KIM: I am a 17-year-old young lady. I am currently an 11th grader at Science Leadership Academy. I am an A/B student. I have a GPA of 3.65. I have loving, caring family members, friends, and they care for me so much, and I am very grateful for them. But I was infected with HIV at birth due to my mother's unwise decisions, which led to her dying of full-blown AIDS.

My mother is now not living, which has a very huge impact on my life. I now live with a foster family that

loves and cares for me very, very much, and I don't know what I would do without them.

My foster mother helps me on a daily basis when it comes to my HIV. My sisters and my brothers also.

How HIV has affected my childhood has affected me in positive ways, also negative ways. Some of the positives are that I have loving, caring friends that I can come to on a daily basis. I have centers that I can go to.

I have negatives also that come along with being HIV positive. Some of the negatives are that there is a lot of stigma out here. The stigma comes when it comes to my friends. Sometimes I don't know how to talk about being HIV positive to them, so I just don't talk about it at all, and sometimes they can have a huge impact on me.

But what people need to understand is that we're all human, and we mainly have different shades of skin,

but we all bleed the same color. And so that me being HIV positive, I've done so many grateful things with it, and that I'm also grateful to be here. Some of the more positive things that I have are camps. I go to a camp called Camp Dream Catcher, which allows me to enter it with other kids that are infected with HIV/AIDS and affected by HIV/AIDS.

I go to a center, as you guys have heard, called Haven Youth Center. The faculty that are there are wonderful. I can't express how wonderful they are. When it comes to taking medication, when it comes to relationship issues, when it comes to problems at home and especially school work, they are a big, big part of my life, and I don't know what I would do if it was not for them. And so I think that having them in my life is really a good impact on me.

Having to take medication, the medications that I take on a daily basis is really hard for me, and I think that

because being HIV positive and the medications that we have today, I'm grateful for them, but at the same time, I struggle with my pills. Sometimes I take them and sometimes I don't, and sometimes I feel like I'm not normal because of what's in my blood, not because of what -- because of me, but because what's in my blood, and it hurts at times. It really does. And I think that I shouldn't be judged by what's in my blood, but me.

HIV awareness is very, very, very important, and I think that if we had more centers and more places like Saint Christopher's Hospital and Haven Youth Center and different organizations that are around but that are very small, if we had more of those, more people would be aware of the issue of HIV and AIDS. They will be more willing to get tested, more willing to know how they can catch the virus and not be so scared of the virus.

I think that being positive has affected me in more positive ways than negative, but I still have the negative ways. I think that I have loving, caring friends and family that help me on a daily basis, principal-wise, friends-wise, family-wise, school-wise.

COUNCILWOMAN TASCO: Well, we certainly thank you for calling in to share your testimony regarding your experience of having HIV/AIDS. It seems that you have a good support system. We certainly understand the emotional, you know, roller coaster that you experience, but you sound very positive and certainly understand your situation. And I agree with you, education is very key, and some day you will use your voice to help educate our citizens in Philadelphia about the whole issue of HIV/AIDS.

We've come a long way. I mean, this room, when I first came into Council back in 1988, we were dealing with the whole issue of HIV/AIDS and what to do.

Certainly the medications that have been -- that are used now to help people deal with HIV/AIDS has somewhat -- people think it's a cure, but it really isn't. But the urgency doesn't seem to be there anymore.

But, Kim, we certainly thank you and we appreciate your testifying, and we're there for you. There are members of this Committee here. We will ask them if they have some questions or they want to make some comments.

Let me recognize Councilwoman Blondell Reynolds Brown, who has joined us. She's a member of this Committee.

Would anyone like to make any comments?

(No response.)

COUNCILWOMAN TASCO: Thank you very much, Kim.

KIM: Thank you so much. It was lovely. Thank you.

COUNCILWOMAN TASCO: Thank you, sweetheart.

Very powerful.

Our next witness will be Mr. Henry Bennett and Waheedah Shabazz-El.

(Witnesses approached witness table.)

MS. SHABAZZ-EL: Good morning, Councilmembers. Good morning, Councilwoman Tasco.

COUNCILWOMAN TASCO: Are you going to sit down?

MS. SHABAZZ-EL: Yes.

COUNCILWOMAN TASCO: I certainly want to say to the young lady from the Youth Commission, the City of Philadelphia -- I believe it was led by Councilwoman Brown -- urged the City to set up a city Youth Commission, and I'm proud that they have taken time. They are really involved, because we want to hear from young people what they are experiencing, what they hear, how we can be helpful to them as they navigate their early life.

Let me recognize Jordan Harris, who is here, who is Executive Director, does a great job. I'm constantly getting e-mails from him about what he's doing. And I must say that my granddaughter has found a place to work with them, and I'm very proud of her, too. Thank you very much.

Good morning.

MS. SHABAZZ-EL: Good morning. I think I'll begin. My name is Waheedah Shabazz-El.

COUNCILWOMAN TASCO: Proceed with your testimony.

MS. SHABAZZ-EL: Thank you. I'm a Native American -- a Native Philadelphian, I should say. I'm a homeowner here. I'm a retired postal worker. I'm employed by Philadelphia FIGHT as an HIV tester and counselor. I am Chair for the CAB, for the Community Advisory Board at the University of Pennsylvania Center for AIDS Research, a founding member of the United States

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Positive Women's Network and a long-term member of the AIDS Coalition to Unleash Power. I'm also one of 20,000 people living in Philadelphia diagnosed with AIDS.

As a person living with HIV, this is one of the most important days of my life, because it carries the potential to guarantee a closer examination of the enormity of the cause and effects of the rates of HIV infections escalating amongst African Americans, Latinos, women and young people in the City of Philadelphia. Further, this day carries the potential for us to begin to address HIV as a human rights imperative and as a public health emergency, which will require a heightened level of urgency to ensure the safety and quality of life of all Philadelphians.

I would like to personally thank Dr. Amy Nunn for her background research on the HIV epidemic that is brewing in the City of Philadelphia and

for her advocacy to have her findings addressed.

I would like to thank both Councilwoman Tasco and Councilwoman Blackwell for their spirit, their leadership in introducing this resolution. Because HIV has been wreaking havoc in our communities and our families for nearly 30 years. So this is long overdue. So, again, I want to thank you.

Recently, July 13th, 2010, I had the honor to meet President Barack Obama. Myself, along with many other AIDS activists, were invited to the White House to a reception where he announced the first time in history that the United States had developed its own National HIV Strategy to reduce the number of HIV infections in this country and increase access to care to those who need it. So adopting this resolution here today is certainly in proper alignment with the President's national plan to stop the

spread of HIV across the country.

In order to be present here today in front of this City Council, I had to make a most difficult decision, because today, October 27th, I was invited back to the White House by the Office of National AIDS Policy to take part in a discussion around HIV and aging. But as a person living with HIV who lives in Philadelphia, I felt a great responsibility to appear here and be a part of this meeting today, where local government will move to address the HIV crisis, and to put a face on AIDS. You see, I represent many of those communities where HIV is hardest hit in Philadelphia.

So I stand here today in support of this resolution, and I stand for African Americans and I stand for communities of color. I stand for women, and not just black women. I stand here for all women, including transgendered women. I stand here for Latino women and

Muslim women and other women of faith. I stand as a parent of adult men and women who are at risk for HIV and as a grandparent of young teens who are at risk for HIV. I stand here for people over 50, who are rapidly being infected with HIV. I stand here for the heterosexual man, who seems to have been forgotten in this epidemic. I stand here for the gay community, who without their advocacy in the early years, there would be no services for HIV and who supported me when I found out that I had AIDS. And I stand here for the homeless, who are at risk for HIV, and the mentally challenged, the substance user and for those men and women behind bars who can't be here to represent themselves. And I stand here today for young people, who never knew a world without AIDS.

In closing, I want to point out that as you read the statistics that are revealed in the resolution, please understand that they are the same people,

just represented across different categories of risk.

These people's lives have value. These people, whose lives we often only see through data and statistics, are a part of our human family, and I sincerely hope that we can journey through ourselves from the understanding to the over-standing that as long as one of us is sick, then none of us are well, so that we become willing to accept responsibility for the welfare of the entire human family, which includes those of us who live with HIV.

Thank you for this opportunity to testify here today, as we move forward to ensure the safety and quality of life for all Philadelphia's constituents and we strategically confront the HIV/AIDS epidemic in our own backyard.

Thank you.

(Applause.)

COUNCILWOMAN TASCO: Thank you. Thank you so much for that informative

and caring testimony, and I'm glad you chose to stay with us today. We would not have had the benefit of your testimony and the wonderful words that you have shared with us this morning.

Stay at the table. When we finish with Mr. Bennett, then we'll open up the floor for questions.

Mr. Bennett.

MR. BENNETT: Thank you and good morning --

COUNCILWOMAN TASCO: Good morning.

MR. BENNETT: -- the Honorable Anna C. Verna.

COUNCILWOMAN TASCO: Tasco.

MR. BENNETT: Tasco. Council President and esteemed members of City Council.

Fellow colleagues, residents of Philadelphia, we are gathered this morning here in Philadelphia because we are all concerned and interested in the welfare and well-being of our fair city.

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The adoption of Resolution No. 100565 on the 16th of September 2010 makes things quite evident, that first and foremost that the City Council of Philadelphia is aware of the raging epidemic that is taking place in our city with African and black people.

Based on the data collected from the epidemic profile, the numbers continue to rise and at an alarming rate. Why? Why when there are already in existence programs and institutions designed to stem the rising tide of this epidemic? With few exceptions, the majority of the programs and institutions were not designed for these specifically targeted populations. They were not designed for women. They were not designed for teens and young adults. They were not designed for African American and heterosexual communities. And this gravely affects me to watch my African American neighbors, friends and community being ravaged by this disease.

I thank you and commend you, City Council, for this resolution to investigate and examine effective strategies on how to combat this crisis. And here again, I'd like to put in my two cents.

Whatever is done, be sure it is culturally appropriate. Be sure it is a collaborative partnership that includes, but is not limited to, the schools, the churches, the mosque, the clinics, mental health and behavioral health organizations, community centers, recreation centers, and businesses and business organizations.

This is something that not one individual or one institution or one city government can do on its own. And I thought that if each of us put our own two cents in, the organizations, environments, people in activities, we will find that with this united front, we have the funds and capacity to win this battle.

I thank you for allowing me this opportunity to express myself.

COUNCILWOMAN TASCO: Thank you very much. We really appreciate you coming in to testify.

Comments from the members of the Committee, questions?

(No response.)

COUNCILWOMAN TASCO: Thank you very much. I think we don't have a lot of questions. We want to hear how people feel, what recommendations they have. Because this Council has been down this road many, many times. And so what we're looking for are recommendations to see what the City can do to address this issue further.

It seems that when patients stopped dying and the headlines went away, there was a feeling that there was no more issue with HIV/AIDS. But it is a very quiet killer, a quiet disease that impacts families and certainly, as we heard from Kim, throughout their lives.

So we're going to hear some more testimony. So don't feel like we're not interested. We're here listening. So thank you. We don't have the answers, and we're getting the answers and the comments from you.

Our next panel will be our Health Commissioner, Dr. Donald Schwarz, and Jane Baker, Director of AIDS Activities Coordinating Office.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: And I see our friend Kevin Vaughan is joining them, Deputy Commissioner.

DR. SCHWARZ: Good morning.

COUNCILWOMAN TASCO: Good morning. How are you? Would you identify yourself for the record, please, Commissioner, and begin your testimony.

DR. SCHWARZ: Chairwoman Taco, Councilwoman, members of the Committee on Public Health and Human Services, I'm Donald Schwarz. I'm the Health

Commissioner for the City of Philadelphia. Thank you for the opportunity to present testimony today on Resolution 100565 concerning the HIV/AIDS epidemic in Philadelphia, and I thank our many partners who are here today, who have supported both the services that the City has provided and do work well beyond what the City is able to support with current funding.

As part of the Department of Public Health, the AIDS Activities Coordinating Office, or AACO, is charged with finding strategies to reduce the transmission of HIV and connect persons living with HIV/AIDS, which I'll refer to as PLWHA, to programs and services available to them.

As of December the 31st, 2009, there were 19,237 people living with HIV or AIDS in Philadelphia. This number differs from the number that was presented earlier, and I want to point this out, because many people who at some

point had lived with AIDS have passed on. So the number total of 28,000 reflects all those Philadelphians who have been infected, many of whom have died.

This translates currently, the 19,237, to about 1.3 percent of the population in Philadelphia. And I want to reiterate that, 1.3 percent of Philadelphians we believe are currently infected with HIV.

Of these, 11,362 are living with AIDS and 7,875 are living with HIV. An estimated 27 percent of people living with HIV and AIDS in the City of Philadelphia were out of care, not receiving care for their HIV in 2009.

Estimates from the Philadelphia Department of Public Health put the rate of new HIV infection of Philadelphia residents at 114 infections per every hundred-thousand population 13 years of age and older in 2006. And I use 2006 principally because we can compare that to data from other places in the country,

which haven't been able to be updated since 2006. So for comparison purposes.

That rate was five times the national rate, which was 23 infections per hundred thousand. Seventy percent of new infections were in males, 30 percent in women, with rates of 177 and 62 new infections per hundred-thousand population, respectively.

Individuals between 13 and 24 years made up 15 percent of newly infected; 25 to 44 years old, 51 percent; of those 45 and older, 34 percent. New national estimates for 2007 and 8 are expected to be released later this year. Preliminary estimates indicate that the number of new HIV infections in Philadelphia has declined since 2006, but still remain significantly above the national average.

African Americans are disproportionately affected by HIV nationally and here in Philadelphia, comprising 41.6 percent of the City's

population, but African Americans account for 66.4 percent of new cases of HIV in 2009. The estimated rate of new HIV infection among African Americans is 176 infections per hundred-thousand adults, 13 and older. Of the remaining new cases, 16.3 percent were in whites, 15.3 in Latinos or Hispanics. HIV and AIDS rates are greatest among black men, followed in order by Latino/Hispanic men, black women, Hispanic women, white men and white women.

Turning to prevalence, and I want to highlight the difference. So I've been talking about new cases most recently. I want to talk about total people infected. I started with that, talked about new cases. We'll go back and talk about all those who are infected that we estimate in Philadelphia. That's the total number of people infected with HIV.

It is estimated that about 12,800 African Americans are living with

HIV or AIDS in Philadelphia. This means about 2 percent of all African Americans are HIV infected, or one in 50. This alarmingly high rate is terrible, but comparable to other large U.S. cities. For instance, of African Americans it's estimated that 3.5 percent of African Americans in Baltimore and 2.5 percent -- excuse me; 3 percent in Newark and New York, 2.5 percent in Washington and 1.5 percent in Chicago.

As you know, race and poverty are highly correlated, and Philadelphia's poverty rates are the highest of the largest ten cities in the nation. In Philadelphia, more than half of all persons living with HIV or AIDS reside in census tracts with a mean income below 200 percent of the federal poverty level. This matches national data, where 96 percent of those living with HIV or AIDS seen for medical care in 2009 lived at or below 300 percent of the federal poverty level.

The socioeconomic issues associated with poverty, including limited access to quality healthcare, housing and HIV prevention education, directly and indirectly increase the risk for HIV infection and affect the health of people living with HIV. Lack of awareness of HIV status and stigma put too many poor Philadelphians, including many African Americans, at high risk.

Men who have sex with men, or MSM, are acquiring HIV at an alarming rate in Philadelphia. Again, these new cases tend to disproportionately affect those of color. Based on local estimates of the size of the MSM population, almost 21 percent of men who have sex with men in Philadelphia are living with HIV or AIDS. That's more than one in five.

Between 2007 and 2009, there was a 25 percent increase in newly diagnosed HIV cases among men who have sex with men. Many of these men are unaware of their infection.

We're also aware that men who have sex with men may also have sex with women. However, the CDC has been clear that rates of infection among women who are heterosexual are not primarily due to this group of bisexual men, but rather to multiple sex partners among heterosexual men who in turn have sex with many women.

Persons unaware of their HIV status drive this epidemic. Persons underestimate risk and worry about stigma, especially in heterosexual populations where a woman may be unaware of her partner's exposure and her partner may be afraid to speak about having had many sexual contacts potentially, including those with another man. Those who underestimate their risk do not seek testing and do not get the care and prevention services to -- do not get into the care and prevention system to decrease transmission.

Based on national estimates, 21 percent of people infected with HIV or

AIDS in Philadelphia are unaware of their status, one in five of those infected. This means that as of December 31st, 2008, the last time we had good prevalence figures, about 5,000 Philadelphians were living with HIV and unaware of their infection.

The AIDS Activities Coordinating Office administers federal, state and city-funded HIV/AIDS programs in Philadelphia through collaborative service contracts with community-based organizations. In addition, AACO coordinates HIV/AIDS planning and policy activities through the Philadelphia Department of Health; more broadly, conducts AIDS surveillance activities in accordance with federal, state and county laws and requirements; oversees the Department's epidemiologic activities related to HIV and AIDS, including publication of quarterly reports, which are available on our website; and conducts HIV/AIDS education and training

for professional, civic and community groups. AACO also supports case management for those who are infected and supports clinical care for those who are un- or under-insured.

AACO approaches HIV prevention by focusing on HIV testing to identify people unaware of their HIV status and works with HIV positive persons to help stop transmission; to connect newly diagnosed persons and persons lost to care to HIV medical treatment; and to connect newly diagnosed persons to partner services to notify partners of possible exposure to HIV and provide HIV testing to them. As you might imagine, connecting people to their partners and informing their partners is critically important and very hard work.

AACO has developed a strategy for early identification of individuals with HIV and AIDS. It is a multi-faceted strategy to implement routine HIV screening in clinical settings and to

reach high-risk populations through targeted programming in clinical and community-based settings so that individuals in high-risk groups routinely come into contact with HIV screening programs. A total of 42 organizations receive funding for HIV prevention services, in addition to those services that are provided by the Department directly. Overall, 42 percent of AACO providers are considered minority providers. The definition of minority providers came from the federally required advisory group to AACO, which determined providers as minority providers depending not only on who they serve but who they reach.

The key to HIV prevention is to encourage everyone to get tested regularly. CDC guidelines recommend that routine HIV testing be offered to every person -- I want to highlight that particularly today -- every person between the ages of 16 and 64 years.

Providers are instructed to offer the test to everyone. However, people often opt out of testing because they do not perceive themselves to be at risk or, perhaps more tragically, they fear the stigma of being tested or having HIV. HIV testing is available in Philadelphia at over 700 locations, including mobile testing sites across the City and in every one of our Department of Public Health centers.

Philadelphia still supports anonymous testing sites, but works with clients with a preliminary positive result to change the confirmatory test to confidential. This allows us to reach out to those tested and assure they get their test results.

In the past, a significant problem with testing was that individuals had to wait days to weeks to get test results. During this period, many never came back to get their results. Today, rapid testing, where the person being

tested gets his or her results before leaving the testing site, is the norm. In 2009, already 86 percent of testing done in Philadelphia was rapid testing. This ensures that HIV negative people are informed of results immediately.

If an individual has a positive rapid test, a second test or confirmatory test is needed, using methods that take more time.

I should say that a confirmatory test is needed, because the initial test isn't perfect and sometimes someone who is told on the initial test that they're HIV positive when in fact they're not.

Extra efforts are made to ensure good contact information is obtained for all those who need a confirmatory test and intensive follow-up is done to ensure that those with initial positive test results return for confirmatory results and, if truly positive, get referred and linked to

medical care.

AACO concentrates HIV testing efforts on targeting populations that are particularly high risk. These include incarcerated individuals; youth with many sexual partners, particularly those who are older; adult men who have sex with men; heterosexuals with many sexual partners; and injection drug users. But, again, everyone should get tested.

The models used to reach the target populations, you have them in my testimony: Routine HIV screening in healthcare settings, targeted HIV screening in community-based settings and intake testing at the Philadelphia Prison Health System.

In 2009, AACO provided over 73,000 HIV tests. In the current fiscal year, $6.5 million is allocated to HIV testing programs. Of the testing done last year, almost 40 percent of tests were among youth 24 years of age and older; 58 percent of tests were among

heterosexuals; 23 percent among heterosexual youth; 33 percent among heterosexual adults; 65 percent, almost 66 percent, among black or African Americans; 16 percent among whites; almost 6 percent Latinos; 2 percent among Asians; and 45 percent were among women.

Still we have a lot of work to do to reach those who are not aware of their HIV infection. For younger folks, we have created an innovative text messaging media campaign, which we're happy to talk more about. For those who are more used to traditional media, we continue to develop and launch new media messages.

Our newest campaign will begin during the week of November 7th through the 13th of this year, in collaboration with the Mayor's Office of Faith-Based Initiatives. AACO is collaborating with local African American and faith-based organizations to offer HIV prevention and AIDS specific education and testing on

location at those institutions.

Five prominent African American ministers, I'm proud to say, have come together to reach many churches and mosques in the City, and they have all been HIV tested as part of this collaboration. Everyone needs to be tested.

They will use the opportunity to preach against stigma and encourage better testing among folks who either may not think of themselves at risk or may be afraid of getting tested, hoping to reduce stigma.

In addition, we will unveil new billboards to be strategically posted in high-traffic inner-city locations to promote HIV testing, with endorsements of the five local faith leaders. With one exception, the billboards should be installed by next week. The Billboard Initiative will be complemented by a host of congregationally based programs that faith leaders can offer on location at

ministry or congregational sites throughout the City. We're particularly interested in locations in the zip codes that are listed in the testimony, where we know we have high rates of HIV transmission.

COUNCILWOMAN TASCO: Would you for the record state that.

DR. SCHWARZ: The zip codes? I'd be delighted. 19139, 19146, 19121, 19132 and 19144. But we're encouraging ministries throughout the City. We just want to be sure that in these areas where we know there are high rates of transmission, we hit everybody who is attending.

On a regular basis, there's a network of 76 HIV care sites in Philadelphia, 38 HIV medical sites, 55 medical case management sites. Some are co-located, including both community-based organizations and hospital-based HIV specialty clinics, the Philadelphia Department of Health's

health centers -- where I have to tell you we serve more HIV infected people than in any other center in the City -- other community health centers and AIDS service organizations. These sites provide high-quality HIV medical care to almost 9,000 positive individuals in the City.

Although we have a long way to go to reach the nearly 5,000 individuals who don't know that they are HIV infected, our efforts are paying off. Philadelphia had a 64.6 percent decline in AIDS cases, not new HIV cases but people whose disease progressed to AIDS. It's very important.

The etiology of this decline is felt to be related to the expanded HIV testing efforts in the City, which have resulted in earlier diagnosis of cases. In 2009, only 216 persons -- and I know that's too many, but it's better than we've been in the past -- were diagnosed with AIDS in Philadelphia, which is a

substantial decline over 2005.

Intravenous drug abuse as a mode of transmission of HIV has consistently declined as a proportion of new HIV cases each year following the introduction of syringe exchange programs in Philadelphia more than 15 years ago, and we really appreciate Council's support on those programs. Of note, to be able to give out syringes, we declared an AIDS emergency in the City, which is still in effect today.

The continued services provided by AACO and its providers and partners have had an impact on the HIV epidemic in Philadelphia. We have reached many Philadelphians with HIV testing and other prevention services and provide high-quality care to those who are infected with the virus, but more needs to be done. We need HIV brought to the forefront, as in these hearings, to get the message across that HIV remains a grave threat to the health of

Philadelphians, and I salute your bringing this to hearings today.

We need new strategies and better targeting of services to impact the epidemic. With the implementation of a series of new grants, we plan to be even more successful in implementing strategies to reduce the incidence of HIV and AIDS in Philadelphia. As was mentioned, many of the programs that we've had we've had for a long time, and the federal response to the epidemic began a long time ago. So our newly funded Enhanced Comprehensive HIV Prevention Planning and Implementation grant is designed to assess the current array of prevention services and develop a plan to better target resources, bringing interventions that are evidence based and successful to scale, and to introduce new interventions to Philadelphia.

The planning phase for this grant is just beginning, but we're

particularly focused on linking what we do to other successful programs, particularly those that have reached into the African American, youth and MSM communities.

There are many barriers to our success. As I've mentioned, poverty, stigma and fear are substantial. At risk heterosexuals are a large and diverse population and are hard to reach with prevention services. Men who have sex with many partners, men who have sex with many partners, may be both ashamed of their own behavior and afraid to have that behavior disclosed. They often will not agree to testing. We are hopeful that we will reach new individuals and reduce the barriers to people seeking regular testing with our outreach in the faith-based community in the City.

At the same time, I want to highlight, we have lost key funding from the state within the last year due to budget reductions. More than $2 million

that had been used for outreach to youth were cut from Philadelphia, cut from Philadelphia specifically. While we care for about 59 percent of those with HIV or AIDS in Pennsylvania, Philadelphia receives less than half of the funds that the state allocates for HIV prevention. The Department of Public Health is aware of our many challenges. We are working hard to find new sources of support and new approaches to preventing and combatting HIV and AIDS here.

And I have to say, it would not be successful without the many partners who we've had, including many of the folks who are here today, and City Council, who has shown tremendous leadership in this long-term fight.

Thank you for allowing me to present testimony on this important issue. I'll be happy to answer questions, if you have any. I am here with Jane Baker, who is the Director of the AIDS Activities Coordinating Office,

and Deputy Commissioner Kevin Vaughan.

COUNCILWOMAN TASCO: Are they going to make statements?

DR. SCHWARZ: They are not.

COUNCILWOMAN TASCO: They are not going to make statements, okay.

DR. SCHWARZ: Not unless you ask them.

COUNCILWOMAN TASCO: Well, we'll probably get some questions that they may want to answer.

Thank you so much for your testimony. And, as you said, it's been a long time that Council has been involved in this issue, and certainly hopefully that we'll be able to work with the organizations who are out in the street trying to bring about awareness to be more successful in reaching our community about the importance of prevention.

The Chair recognizes Councilman Goode. I believe you had your light on first.

Councilwoman Brown.

COUNCILWOMAN BROWN: Go ahead. Thank you.

COUNCILMAN GOODE: Good morning. As with many public health issues and other issues, there's a recurring theme with regard to poverty and race, and we keep statistics with regard to those demographics because we should, but quite often as we cite statistics for both poverty and race, we may sometimes confuse the issue.

So the first question is, to what extent is the issue of race really a poverty issue? When we talk -- to what extent is the higher incidence among African Americans a result of their impoverished condition? So what extent are we really talking about poverty rather than race or to what extent are we talking about race?

DR. SCHWARZ: It's a great issue, and as you know, across pretty much every health issue there's a balance. So is poverty important here?

It is. It's important in terms of access to care. It's important in terms of people's linkage to any place that they get information, because we know people who are poor tend to be less connected.

However, we also know this is a sexually transmitted infection in largest part, and we know that people tend to have sex within their racial or ethnic group. Not all the time, but more likely so.

So, yes, this is an issue related to poverty, particularly in terms of progression of disease and people who have died and die from this.

Transmission is affected by people's knowledge about the disease and who they have sex with and who they share needles with, although needle-sharing fortunately because of great work has become a smaller part of the issue, but we can't move away from it. However, who you have sex with is a critical issue.

COUNCILMAN GOODE: So as we

approach new solutions for this problem, do we approach them both from a racial perspective and a poverty perspective, or how do we distinguish?

DR. SCHWARZ: We need to approach them from both, but we have to be careful, as you're pointing out, so that we try to target high-risk communities. And I've tried to highlight those who we know are most likely to be infected, and you'll notice that they don't say poor people, they say people particularly related to who they have sex with, because it's principally a sexually transmitted disease.

But in terms of programming, we have to be very much aware that there are communities where we could identify infection, we could present prevention information, but those communities may not have access to the tools that they need either to prevent the disease or prevent progression. So poverty is an issue that we have to be aware of as

well.

COUNCILMAN GOODE: Is there any data related to moderate- to middle-income African Americans versus lower-income African Americans?

MS. BAKER: Not to my knowledge.

DR. SCHWARZ: I don't know -- I don't know that we have specific data on it.

COUNCILMAN GOODE: Okay. Next question is -- and I'm not challenging the data, first just look for some clarification of data. Your testimony says that African Americans accounted for 66.4 percent of new HIV cases in 2009. Where does that data come from?

MS. BAKER: It's coming --

COUNCILWOMAN TASCO: Would you identify yourself, please, and speak into the microphone.

MS. BAKER: I'm Jane Baker. I'm the Director of the AIDS Activities Coordinating Office, and I thank you for

the opportunity to come here, Marian Tasco and members of the Council Committee.

That comes from our surveillance unit, who goes out and does surveillance activities for HIV/AIDS cases and identifying that.

COUNCILMAN GOODE: So it's local data generated locally. And what's the methodology?

MS. BAKER: Excuse me?

COUNCILMAN GOODE: What's the methodology?

MS. BAKER: Through counseling and testing, looking at data and information from the CDC, because we report directly to them.

COUNCILMAN GOODE: The reason I ask and that's why I want to distinguish between whether it's local data, whether it's CDC data, particularly because I was paying attention, I did read the testimony, and it says that 66.4 percent of new cases are African Americans, but

also says that 60.5 percent of those tested were African Americans.

MS. BAKER: It is both from --

COUNCILMAN GOODE: So if two-thirds of the people that you test are African Americans and two-thirds of new cases are African Americans, there might be a correlation there. If there is not, then please explain why there is not.

DR. SCHWARZ: So remember that only a fraction of those who are tested are positive. That's the first thing. So that 66 percent and 66 percent --

COUNCILMAN GOODE: It still doesn't mean there's not a correlation between the two.

DR. SCHWARZ: It doesn't mean there's not.

How best to do it? So if we had tested -- if of the people tested only a third were African American, the rate of positivity, so the number of people positive compared to the entire

population, not just the tested population, should be relatively constant. But if we were testing only a third of the people we tested who are African American, we would worry that we weren't giving information and finding people. So what we try very hard to do is to make testing available, particularly in communities that we believe and the CDC believes are at higher risk.

Your initial question was methodology. So the national methodology for estimation comes from the Centers for Disease Control and its estimation.

COUNCILMAN GOODE: I'm actually just dealing specifically with the data within this testimony.

DR. SCHWARZ: So the proportionate data comes from two things. One, who is tested in Philadelphia, what's the rate of positivity, who are those populations, are they incarcerated populations, are they women, are they

men, are they young, are they old. Those are then interpreted or estimated based on national --

COUNCILMAN GOODE: So there is still a possible correlation between the two, between the fact that two-thirds of people tested are African American and two-thirds of new cases are African American. Because you're relying upon information from the testing.

I'm not saying it's wrong. I mean, it actually could be two-thirds. I'm just saying, is there a possible correlation? And from everything you said so far, there still is.

DR. SCHWARZ: So the methods that are used would not make it make sense that there was an actual correlation there.

COUNCILMAN GOODE: Why not?

DR. SCHWARZ: So that the estimates are based on the rate of positivity in those people who are being tested, and the rate of positivity in

people who are being tested varies across all the different groups who are tested.

I could give you a mathematical explanation, which might be the easier way to do it. I just don't know how to do it easily in words in this situation, other than to say the two shouldn't be directly related to each other, and I'm happy to send you or show you mathematically why.

COUNCILMAN GOODE: Well, I'm not trying to make this point or push this point too far. I'm actually just trying to find out.

DR. SCHWARZ: And I'm trying to say no.

COUNCILMAN GOODE: So the next place I'll go is simply asking, you don't test the entire City. You choose where you go to test, and you choose who you're reaching out to. So by that, you are actually creating a correlation.

DR. SCHWARZ: If we gave you --

COUNCILMAN GOODE: Between who

you decide to test and do outreach to.

DR. SCHWARZ: If we gave you the number of tests, you would be right, but the issue with the proportion here is based on who does get tested and how they demographically relate to a larger population. It's the same for sampling. So if there's an opinion poll, people try to figure out who is going to vote in Philadelphia. There are certain populations that --

COUNCILMAN GOODE: But in an opinion poll, there's a controlled sample.

DR. SCHWARZ: So the national sample from CDC in that same way, if I understand what you mean by control, is the controlled sample. So we use their --

COUNCILMAN GOODE: So what does the CDC data say about new cases?

DR. SCHWARZ: The numbers that you have are Philadelphia numbers interpreted in light of CDC's

methodology.

COUNCILMAN GOODE: So it's still local data.

DR. SCHWARZ: Yes.

COUNCILMAN GOODE: It's not CDC data.

DR. SCHWARZ: No.

COUNCILMAN GOODE: Thank you, Madam Chair.

COUNCILWOMAN TASCO: The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you, Madam Chair.

Good morning.

DR. SCHWARZ: Good morning.

MS. BAKER: Good morning.

COUNCILWOMAN BROWN: Let me first seize the moment to say on the record, Dr. Schwarz -- and I'm sure Chair Lady and members of this Committee agree -- on how much we deeply appreciate your continued work there at the Health Department. It's appreciated, and we need to say that every chance we get.

And the resonance of this issue is just further affirmation of the work that your team is doing.

I have a number of questions, and I'm going to start with, my inspiration for submitting a bill for the Youth Commission and the ultimate law creating it was that young people ought to have a voice in a number of public policy issues. So I want to thank the leadership of the Youth Commission for being here, as the Chair has already recognized.

To young people, in the breadth of places where you do all of your work, unless I missed it, there's no mention of high schools. And it gets back to Councilman Goode's point. I put here education; others might call it awareness. I put here access; Councilman Goode says availability.

What work is done in our high schools, even if it's nothing more than awareness education across the board for

young people, given when you state in your testimony that individuals between 13 and 24 years old make up 15 percent of the newly infected?

So what are we doing to touch them and capture their attention early and all that comes with that?

MS. BAKER: Good morning. We have health resource centers in eight of our high schools across Philadelphia. We also fund providers who do work with youth in Philadelphia. I too have had the opportunity of meeting with the Youth Commission and really applaud that being introduced and them coming to AACO and telling me how they want to be a part of this here and help us with planning. We're getting them connected to our local Ryan White HIV Planning Council so that they could be involved at that level as well.

But right now, like I said, we do health resource counseling, education. We're not testing in the schools, but

testing is available through mobile testing venues that we have that do target youth.

COUNCILWOMAN BROWN: Of the eight high schools, did that happen because the leadership of that school; namely, the principal, was okay with it or did that happen because young people in that school said we want it? Why is it not universal?

MS. BAKER: It happened because we had worked with the School Board to try to get this here into the schools. It wasn't the schools saying that we wanted it. We knew that it needed to be there, there was a need for that, because we are doing some STD testing in high schools and we noticed rates of chlamydia and STDs and they thought that this was only a natural progression, that if we didn't get involved for HIV and AIDS, that this would really be problematic. So we did work with the School Board -- at the time, Louis Bonia and Judith

Peters -- to try to bring services through the school. There were a lot of --

COUNCILWOMAN BROWN: Was that during the leadership of Mr. Paul Vallas or under the current leadership of Dr. Ackerman?

MS. BAKER: Under the current leadership.

COUNCILWOMAN BROWN: And the reason why it's limited to eight schools is because of lack of resources, or what?

MS. BAKER: Lack of resources.

COUNCILWOMAN BROWN: Okay.

DR. SCHWARZ: I want to add one thing.

COUNCILWOMAN BROWN: Please.

DR. SCHWARZ: So this goes back to Dr. Hare when we had a Board of Education, Dr. Ruth Hare, who was the President of the Board of Education. And early in the HIV epidemic, people throughout the City came together to say we need to be able to do counseling in

schools and we need to be able to make condoms available. And so the School District passed a resolution in, I believe, '89 allowing condoms to be made available in high schools.

The Family Planning Council of Southeastern Pennsylvania and the Health Department have a long partnership, but the Council has taken -- and you'll be hearing from people later from the Family Planning Council -- tremendous leadership in creating these centers in high schools. So we are related to about eight of them. There are about 14, I think, total in high schools in Philadelphia, not every high school, and that is not related to high school wants it or not. It is that the resolution from the School District says that the District won't provide the service with its own personnel. It must be provided by outside helpers now. And so willing providers have to be identified and then funding is needed.

COUNCILWOMAN BROWN: I see.

DR. SCHWARZ: And there are funding limitations and there are provider limitations. So before I took this job, I ran two of those health resource centers in schools in West Philadelphia, and we started in the first year and it continues to the present.

COUNCILWOMAN BROWN: Is there a correlation between those eight high schools and the zip codes where you say there's the highest incidence of -- any correlation at all?

MS. BAKER: Yes.

COUNCILWOMAN BROWN: So some of those high schools sit in some of those zip codes?

DR. SCHWARZ: They do.

MS. BAKER: Yes.

COUNCILWOMAN BROWN: All right. Instead of doing what Chair Lady Tasco said, which was listen first, I started writing a series of questions. And then at the end of your testimony, you spoke

to what I would consider a non-traditional audience, and, that is, the clergy community. So I'm thrilled to hear that that bridge has been connected. And what is the expectation, if any, in growing the number of churches that are a part of the faith-based effort?

MS. BAKER: We have been working with the Mayor's Office of Faith-Based Initiative, Reverend Handy and Minister Byrd, and they've been very instrumental knowing a lot of the clergy, particularly the black clergy throughout Philadelphia, and bringing them together in groups and helping us to plan testing events, as well as them bringing about awareness. Again, they've been tested themselves, and I think that that reduces some of the stigma for people to see them out front and taking a stand with it. So it's been very positive thus far, but we still have a lot more work to do with them. And, again, this is just now starting with the --

COUNCILWOMAN BROWN: So there's a written plan on how the effort will hit across -- there are a number of denominations within black clergy, and so I'm asking, is there -- for me if it's not in writing, it doesn't exist. That's what works for me.

So is a written comprehensive plan with rollouts on how you're going to touch each denomination of the black clergy?

MS. BAKER: We've selected for the week of November 7th through the 14th ten different churches strategically located throughout the City, in Southwest Philadelphia, North Philly, West Philadelphia, Germantown, to try and start this, and we're going to look at what that pans out and then to continue this.

This is not just a one-shot thing that we want to do. We want to continue this, because we know it's an integral part of what we're doing and

reaching their congregations and educating them and having them help us in this fight.

COUNCILWOMAN BROWN: Okay. I'll pay close attention to that.

One population that has come to my attention that is touched on in your testimony -- and this is purely what they call anecdotal experience -- are senior citizens. Is there any reach into the senior citizen community on this with regards to this issue as well?

MS. BAKER: Our Education Unit at the AIDS Activities Coordinating Office goes out to senior centers and is working with the senior centers to have education and presentations. We go to health fairs and bring the same information to them, offer testing as well.

COUNCILWOMAN BROWN: Okay. So you do offer testing to them as well?

MS. BAKER: Yes.

COUNCILWOMAN BROWN: All right.

Might there exist, in terms of best practices, condom machines? It's a weird idea, but clearly it's non-traditional approaches that are going to ultimately make the difference in reducing all of these numbers, which means we have to think out of the box in every way, and just like everything else is available via vending machines and since accessibility is an issue, has that -- across the country is anyone doing anything like that?

MS. BAKER: I've heard it discussed. I mean --

COUNCILWOMAN BROWN: Really?

MS. BAKER: Yes. It was very controversial, as you can imagine, where they might be located and --

COUNCILWOMAN TASCO: I told her, she can start that business. Get some vending machines. There's no law against it. So we'll talk about that.

COUNCILWOMAN BROWN: We must.

MS. BAKER: No, we haven't --

COUNCILWOMAN BROWN: But you said it was discussed. Was it discussed locally or was it discussed with a task force someplace in the country, what?

MS. BAKER: I think anecdotally, like you said, we heard about it. It's not something that we've actively pursued here in my office, but, you know, it's an idea.

COUNCILWOMAN BROWN: Doctor.

DR. SCHWARZ: The one thing I will say on the record that I want to make sure everyone knows is that Medical Assistance pays for condoms. So that anyone who is on Medical Assistance can, for free with their medical card, get condoms. In addition, there are sites throughout the City that for free give out condoms.

MS. BAKER: Yes.

DR. SCHWARZ: So all of the family planning sites in the City and other sites that are funded by AACO give out condoms for free.

Now, your question is an interesting one, which is will people at the time of being interested in having sex either want to go to a pharmacy to get condoms or go to a health site to get condoms. If it's Saturday night at 10 o'clock --

COUNCILWOMAN BROWN: Not.

DR. SCHWARZ: Not. So your point of we have a system where people need to plan ahead is an important one. And there are other countries in the world that have tried this, and it's been long talked about within HIV prevention. So it's an interesting idea.

COUNCILWOMAN BROWN: Interesting. So is it safe to assume that persons with Medical Assistance are fully aware?

DR. SCHWARZ: No.

COUNCILWOMAN BROWN: So that suggests that there's a gap there in awareness and education. Like we get these little pull-outs in our PECO bill

and PGW bills, do they get with their Medical Assistance check or do they get with their Medical Assistance card a list of services available to them, like the availability of condoms?

DR. SCHWARZ: So there are a whole series of issues like this. Obesity education services are available under Medical Assistance for children. Smoking cessation benefits are available under Medical Assistance, if you're on the right pharmacy plan. But, yes. And, as you know, the Department of Public Health is working with Medicaid and the Medicaid Managed Care companies in the country to talk about how do we publicize the benefits that are available to the communities that are particularly high risk.

COUNCILWOMAN BROWN: You gave a lot of discussion to funding. Where are we in terms of trends and funding from the CDC and others? Is there an uptick? We know clearly what's happening with the

state or not happening with the state, but with regards to CDC and the other funding source that you talked about, where are we? Has there been a decrease? Is there a trend of increased dollars from the CDC, or what?

MS. BAKER: We just recently received a new planning grant from the CDC as a result of the National AIDS Strategy. We have a planning grant, and as a result of this resolution, we are enlisting the support of Dr. Amy Nunn to help us with this planning grant to look at our system and see what's working and what's not working. But we did get a slight increase in our CDC prevention funding for this year.

COUNCILWOMAN BROWN: So the planning grant allows you only to plan, not to do any service delivery?

MS. BAKER: We can plan and then implement.

COUNCILWOMAN BROWN: Okay. I'll push the pause button for there and

allow other members to ask questions.

COUNCILWOMAN TASCO: Thank you.

Councilwoman Miller.

COUNCILWOMAN MILLER: Thank you. Thank you, Madam Chair.

Good morning, everyone.

MS. BAKER: Good morning.

COUNCILWOMAN MILLER:

Dr. Schwarz, you brought back memories. I worked for many, many years with family planning agencies, and we were a part of that whole getting the permission for the schools, not just on condoms but on family planning classes. So you just brought back some memories. I was like, I forgot all about that.

I'm really interested in finding out what's happening specifically in zip code 19144, which is Germantown. It's an area I live and represent. With the schools, with other youth service agencies, what's happening there? What programs do you have that's based in that zip code, and what exactly are they doing

around education, prevention, testing? I would assume that testing is at the public health center, but also at like Covenant House and some of the other community-based health centers.

MS. BAKER: Thank you, Councilwoman. That is an area that is underserved, and we recognize that and --

COUNCILWOMAN TASCO: Could you speak a little louder.

COUNCILWOMAN MILLER: Pull the mike up closer to you.

COUNCILWOMAN TASCO: We have old ears.

COUNCILWOMAN MILLER: We do have old ears.

MS. BAKER: We recognize that the Germantown area is an area that's underserved and we're cognizant of that, and when we do our planning, we will be looking to putting services in that area, because, as you said, currently it is just our health center. We did have an agency there, Positive Effect, years ago.

COUNCILWOMAN MILLER: Oh, yeah. On Germantown Avenue.

MS. BAKER: Yes, but it's no longer -- I mean, they're currently funded, but they're not providing services in that area at the time. They've since relocated.

COUNCILWOMAN MILLER: Well, we need to look at that, because certainly zip code 19144 is one of the zip codes that you identified as being a targeted area.

COUNCILWOMAN TASCO: Could I follow up on that? Because it's been on my mind for a minute.

My area, it's not 44, but my constituents live in that area. But do you reach out to find organizations to provide -- to fund, to provide the service, or do you wait until someone comes to you to seek funding? Because if you identified these zip codes, how do you plan to reach out to the community to provide the services there?

MS. BAKER: We widely publicize our procurement process. We don't sole source to providers, but through our procurement process, we tell them which services we're looking to fund and in the areas that we're funding.

Currently, if we have an RFP, we would tell providers that this area is underserved and we would prefer to fund someone from that area as opposed to having a provider in Center City go to Germantown. We would prefer to have someone who is already in Germantown. But these aren't folks that have applied with us through our procurement process.

COUNCILWOMAN TASCO: Dr. Schwarz, when you talked about -- and I don't mean to take -- I just want to follow up on this whole thing.

You talked about 42 agencies receiving funding for HIV prevention. Are these organizations tied into these zip codes somewhat?

MS. BAKER: Many of them.

COUNCILWOMAN TASCO: Many of them?

MS. BAKER: The majority.

COUNCILWOMAN TASCO: Are they broad based? How many of the groups are in Center City or how many are in neighborhoods?

MS. BAKER: I would need to get that information to you. I wouldn't want to venture and give you misinformation, but I can forward that to you. I will send you a list.

COUNCILWOMAN TASCO: Okay. I have other questions around that, but I'll let Councilwoman Miller.

COUNCILWOMAN MILLER: You said that Positive Impact is still -- Positive Effect is still in business?

MS. BAKER: Yes.

COUNCILWOMAN MILLER: Are they still at the same location?

MS. BAKER: No, they're not. They've moved out of Germantown.

COUNCILWOMAN MILLER: Right.

So what's happening in Germantown, other than the public health center? What is going on at Germantown High School, for example? Do you have one of the resource health centers there?

MS. BAKER: Yes.

COUNCILWOMAN MILLER: Okay. Good. And I'm particularly interested in education prevention and, of course, testing services. And what would be the indicator that would have a doctor test a 13-year-old for AIDS, for HIV? I mean, that's not a normal -- I just raised a daughter. I mean, she's an adult now, of course. When I took her to the pediatrician, they did not check her for HIV. So I want to know what makes a doctor check a young child that age for HIV. What's going on in that child's life or what's happened, and how much of -- how many 13-year-olds do you know locally, nationally, how big of a problem is this? Because if that's the case, then we need to be in middle schools.

MS. BAKER: I don't think it's necessarily commonplace that a doctor would just do that when a child presents, unless they're there for other reasons and they are seen as high risk for some other disorder or reason for their visit. I don't think that they're just asking them to be tested for it.

COUNCILWOMAN MILLER: No. I didn't say they were. I was just wondering why, how would a 13-year-old end up being tested for HIV.

See, my assumption is, when you recommend that HIV testing be a routine part of my yearly physical or anybody's yearly physical, I don't think about 13-year-olds. I think about adults. So the recommendation, though, would be what?

MS. BAKER: I would think --

COUNCILWOMAN MILLER: Pre-teens and teens and adults? What?

MS. BAKER: Yes.

COUNCILWOMAN MILLER: Okay.

Does health insurance pay for HIV testing?

MS. BAKER: Yes.

COUNCILWOMAN MILLER: Does the City's health insurance? We don't pay for a lot anymore, but anyway, do we pay?

DR. SCHWARZ: (Dr. Schwarz nods head in the affirmative.)

COUNCILWOMAN MILLER: So nothing else is going on in Germantown, I assume, other than the health center and the center at Germantown High School?

MS. BAKER: Correct.

COUNCILWOMAN MILLER: That's it?

MS. BAKER: That's it. We have mobile testing units that go to Germantown for different venues, but not just there all the time.

COUNCILWOMAN MILLER: So that's an underserved. What other areas of the City are underserved?

MS. BAKER: Southwest Philadelphia. But we now currently have

three providers in Southwest Philadelphia, which we're pleased. We have Haven Youth Center that has relocated to Southwest Philadelphia. We have Neighborhoods United Against Drugs, and we also have the Family Annex that does clinical care and case management services.

COUNCILWOMAN MILLER: Before I became a City Council person, I worked for Representative Richardson, David Richardson, who was Chair of the Pennsylvania State's Health and Welfare Committee, and every month we received statistics from actually the Philadelphia Health Department telling us what was going on with the incidence of HIV/AIDS, and I used to read them every month, so I really used to keep up with this. But it's interesting that -- and it came from the City government. Now that I work for the City, I never get them.

MS. BAKER: We could make that available to you. We do have -- and it's

on our website.

COUNCILWOMAN MILLER: Well, I don't have time to go on websites. Everybody talks about websites. Child, please. Sometimes my computer doesn't get turned on for weeks, because that's not -- I mean, I don't have time for that. Send it to us. I can just read it real quick.

But anyway, I think it's important that we know, particularly the underserved areas know, that you're looking for someone, because we're meeting and talking and going out to events and going out to meetings all the time, and if we know that this is something -- this is one of your goals, then we can help you with that.

MS. BAKER: Okay.

COUNCILWOMAN MILLER: I had no idea until this hearing, until this testimony that 19144 was a very high-risk category and that it's underserved. So keep us informed. We can work with you.

MS. BAKER: Thank you. I certainly will.

COUNCILWOMAN MILLER: Thank you.

Thank you.

COUNCILWOMAN TASCO: I have a number of questions, but what I'd like to do, we have another panel that's going to be working with you, Dr. Nunn and -- Ms. Nunn. Is it doctor?

MS. BAKER: Yes.

COUNCILWOMAN TASCO: Dr. Nunn. So I know, Dr. Schwarz, you may not be able to stay, but if Ms. Baker could stay --

MS. BAKER: I will.

COUNCILWOMAN TASCO: -- come back and answer questions we may have, but we'd like to bring the next panel on. And then if you could stay, we'd appreciate that.

MS. BAKER: Yes.

COUNCILWOMAN TASCO: Thank you very much.

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The next panel will be Dr. Amy Nunn, Associate Professor of Brown University Medical School; Lisa Bowleg, Professor of Drexel University; and Lee Carson, Research Associate, Philadelphia Health Management Corporation.

Would the three please come forward.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good afternoon. We didn't want you to wane. And the other people are here too, so we had two more panels, and we want to make sure that we get everybody in on the testimony.

Good afternoon, Dr. Nunn. You want to begin your testimony? Identify yourself and proceed with your testimony. Because you've been doing some wonderful work in the City, and I participated on one of your panels relative to this whole issue of HIV/AIDS, and this hearing came as a result of the work that you're doing

in the City.

DR. NUNN: Thank you so much for your kind words and particularly for your leadership on this critical social justice issue. I also want to thank Tyrone Smith, long-term AIDS activist, who has made everything that I've done possible.

(Applause.)

DR. NUNN: And has been whispering in my ear about strategy on how to make all this come together. I'd be remiss not to thank him.

COUNCILWOMAN TASCO: He's been around a long time and has been very helpful in working in this area.

DR. NUNN: Thank you. My name is Amy Nunn. I'm an Assistant Professor at Brown University Medical School. I hold Masters and Doctoral degrees from the Harvard School of Public Health, and I receive funding from the NIH to conduct research on racial disparities in HIV infection in Philadelphia and also in

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Jackson, Mississippi.

I've been doing HIV prevention research in the City of Philadelphia for several years. First, I've been doing population research on the risk behaviors and HIV outcomes of people undergoing rapid testing in Philadelphia's public clinics. I've also been conducting ethnographic research at Health Center 5, which is the heart of one of the highest prevalence zones in North Philadelphia. I've also been engaged in and leading the project, in partnership with Reverend Dr. Marguerite Handy at the Mayor's Office of Faith-Based Initiatives, and I do have some written materials about that. It's just a one-pager, but I'm going to distribute that information to you all when I finish testifying. That is a project we're trying to engage as many pastors and imams in HIV prevention research across the City of Philadelphia. I'm a researcher, and I have now grown accustomed to spending a lot of my time

on the phone trying to recruit pastors to this important initiative.

The fourth project I've been engaged in is community-based research here in the City of Philadelphia. I recently had focus groups among 60 African American community leaders, many of whom have expertise in the field of HIV/AIDS. In the focus groups we solicited their comments about the HIV/AIDS epidemic, and we also asked them to provide proactive solutions and suggestions for what we can do to address the epidemic that we've heard so much about. And today I'm going to be focusing on those critical public policy recommendations that have emerged out of those focus groups, the idea being that if we present some proactive recommendations, that they could hopefully be acted on in the next few years.

I also just want to begin by talking about health disparities more

broadly. We are 30 years into the AIDS epidemic, and African Americans face seven times the risk of HIV infection nationwide as people of other races. We cannot tell you scientifically what is driving those disparities. That is nothing short of a scientific and social justice crisis. If you look at the data, you will see that African Americans have similar numbers of sexual partners, similar rates of drug use and similar rates of condom use as people of other races. This means that the traditional factors that we've looked to, these behavioral factors, are not explaining these health disparities, which really highlights the importance of looking at some of the critical social and economic and structural issues that are putting people at risk for HIV.

What researchers tend to do oftentimes is recruit people for studies, enroll them, publish papers and present those findings at conferences, write

grants, et cetera. Well, that's all well and good, and it's very, very important to do that, but it does nothing to address the alarming rates of health disparities in our communities. So when I started reading about what was going on in Philadelphia, I thought to myself, I have got to change the way that I do business. I have got to get out into communities. I've got to talk to people who are affected and infected with HIV and start engaging policymakers. And that's what I've been dedicating myself to for the last year or two, and these City Council hearings are one of the outcomes of that advocacy and research.

So today I want to focus on some of the most important critical recommendations that came out of my action-oriented research with community leaders. I have four points that I want to focus on today.

The first is, I think -- and I think the Commissioner alluded to this.

We have to really think about a lot of the complex social and economic issues that are putting people at risk for HIV. Simply distributing condoms does nothing to address the issues that are driving this epidemic; for example, poverty. A lot of people are dependent on one or more of their sexual partners for economic support.

Housing is a critical issue. People who don't have housing also often have to depend on sexual partners for economic support.

This morning, Carla from Act Up approached me and asked me why researchers don't do something to address housing and its critical role in HIV infection in the City of Philadelphia. And she expressed to me this morning that she didn't appreciate that researchers never come out and talk to people that are living with HIV. And I appreciate her comments, and I think that that is too often a reality.

I also want to talk about incarceration. Philadelphia has the fourth highest rates of incarceration in the country, and incarceration systematically interrupts long-term partnerships. Now, there's an urban myth out there that people think, well, you go to jail, you get HIV and you bring it back to your partner. That's not really -- the mechanism by which incarceration puts people at risk is actually much more nuanced than complex. It often goes something like this: A man is incarcerated, and his partner, because of economic circumstances or simply for the need of human companionship, starts another relationship. Sometimes those people end up resuming their relationships when the partners are released from jail. Also sometimes men are unable to find jobs when they're released from prison, and they end up dependent on one or more sexual partners or they fall into a cycle of addiction.

These are just a few of the complex social factors that we absolutely have to address when we're thinking about HIV prevention. We have to completely rethink the way that we look at things.

I also think we need to focus a lot more on geography and this phenomena called social networks. Social networks are people who are linked directly or indirectly through sexual contact. If you look at how HIV infections in the City of Philadelphia are clustered, the new infections are mostly clustered in Germantown, North Philadelphia and Southwest Philadelphia, but that's not where most of the resources go. Why is that? That's because people tend to partner with people of the same race or people whom they live nearby.

So we really need to rethink our HIV prevention strategy in terms of social factors, geography and sexual networks, and stop focusing so much on, quote, risk behaviors and distributing

condoms. These are not going to help us solve the AIDS epidemic in the City of Philadelphia.

My second point is about resources. As I mentioned, most of the new infections in Philadelphia are concentrated in a select few areas, but I encourage the City Council to take a good hard look at how resources are distributed in this city. Most of the resources go to contractors and NGOs who are largely based in Center City. Most of those contractors do extraordinary work, and a lot of them have been doing it for decades. However, that's not where people who are becoming infected live. And passively waiting for those people to come into Center City is not going to solve the AIDS epidemic. We need --

(Applause.)

DR. NUNN: We need to get out into the communities that are affected, and that might mean that the contractors

who receive support from the City today are encouraged to go out into those communities with mobile vans, to establish new offices or to do something much more proactive than what we currently see today. It might also mean supporting new institutions; for example, the new Haven Youth Center, which is in a very high prevalence zone but which can't seem to get any financial support from the AIDS Activities Coordinating Office.

We could also support -- I'm sure I'm offending a lot of people with this testimony, but I think that's okay.

I think we can also start working with a lot of institutions that already work in Germantown, Southwest Philadelphia and North Philadelphia that may not currently undertake HIV prevention programs but who already have a long presence in those communities. Because as you all know, Philadelphia is a city of neighborhoods, and having a long history in the neighborhood where

you work is oftentimes very important for having successful programs.

My next point is about media. If you go to other cities with high HIV prevalence, you will see -- you can't -- if you walk through Harlem, if you walk through Chicago or Washington, DC, you cannot throw a stone without hitting an ad about HIV from the city, from an NGO encouraging people to get tested. And there's very little awareness or media about HIV in the City of Philadelphia. Now, we've got these billboards going up that the AIDS Activities Coordinating Office has generously funded with the pastors encouraging people to get tested, but short of that, there is very little HIV messaging in billboards across the City. I think we need a massive media campaign. We need to dedicate major resources to this and blanket the City with HIV prevention messaging and messaging that is de-stigmatizing.

We need to be creative with the

way that we use the media. It needs to be on buses, television, radio, and we have to use new media like Facebook and Twitter. If young people can do it and rock stars can do it, we in public health can do it, too.

We also need to enlist major public figures in this media campaign, because one of the problems is that there is so much stigma attached with HIV/AIDS and having major public figures involved in discussing HIV will help people come out of the shadows.

My research suggests that a lot of people in Philadelphia engage in very high-risk behaviors, but when you ask them to comment on their HIV risk, they think that they're not at risk for HIV, and this is including people who are testing positive. A lot of these people are the core transmitters of HIV infection, but don't understand their risks. If we have a media campaign, it will help people understand their risks

for contracting HIV.

We need nuanced messaging. Not just one message. There needs to be messages -- there needs to be messages that are addressing all of the people who are affected, including elderly women. That's right, elderly women over the age of 50 are increasingly infected in this city. Children, our children are being infected with HIV. Fifteen percent of new infections are among children. We also have to have nuanced messaging for men who have sex with men and heterosexual men. Heterosexual men play a critical role in the expansion of Philadelphia's HIV epidemic and we have almost no programs to address that population.

The last point I want to make is about education. Currently, the Philadelphia public schools only have one -- students are only required to take one semester of health coursework, and that might be PE. There is very little

information and almost no comprehensive sexual education offered in the Philadelphia public school system. I think we need comprehensive sexual education programs for students, teachers and administrators. And, you know, Philadelphia has a program to test people for chlamydia and gonorrhea that is renowned nationwide, and that is in the Philadelphia public school system. We could very easily add an HIV test --

(Applause.)

DR. NUNN: -- to that program. Why aren't we doing it? We could be blazing trails.

The reason that we have that program is because we know from the CDC youth survey -- I've forgotten the exact name of it -- that students in Philadelphia have some of the highest risk behaviors and STD rates in the country. Well, the exact same -- you contract HIV the exact same way that you contract chlamydia and gonorrhea.

There's a real opportunity to just add an HIV test to a very successful program, and it probably wouldn't cost very much. You could do rapid testing.

So I just want to summarize the four actionable items that I've presented today. One, we need to focus on the geography of HIV infection in Philadelphia and in social networks and the social and economic factors that are putting Philadelphians at risk for HIV. Simply handing out condoms and waiting for people to come to Center City for services is not going to solve this crisis. We have to get out into the communities and especially into the high prevalence communities and meet people where they are.

We also need to allocate more resources to communities in need and get out into the communities. We need to give more resources to NGOs that service African Americans as a core function of their mission. If you look, I did some

back-of-the-envelope calculations. Very few resources are allocated to NGOs and contractors that serve African Americans as a core function of their mission, and I think this needs to change.

We need to implement a media campaign and we need to implement robust, comprehensive sexual education programs in schools that are compulsory, and we should at least be offering, if not requiring, HIV testing.

I want to thank you for the opportunity to testify here today, and I want to thank you for your leadership on this issue and encourage all of you Councilmembers to start speaking out publicly about HIV/AIDS, because you are in privileged positions of power and can do so much to help de-stigmatize this disease that is so prevalent in Philadelphia and that has been so neglected.

Thank you so much.

(Applause.)

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COUNCILWOMAN TASCO: Thank you very much. We will come back with some questions. Don't leave.

Yes. Would you identify yourself, please.

DR. BOWLEG: Good morning. I'm Lisa Bowleg. I'm an Associate Professor at the School of Public Health at Drexel University in the Department of Community Health and Prevention. And I would like to echo the sentiments made earlier. Thank you for your leadership on this really important issue.

So what I'm going to be doing today is talking about how what I've learned from my HIV prevention research with black heterosexual men in Philadelphia can be applied to reducing HIV transmission in Philadelphia.

For the last three years, funded by a National Institutes of Health grant, I have conducted HIV prevention research here, and as was made mention earlier, when we talk about heterosexual

men, this is a group that an increasing amount of researchers, myself among them, really refer to as the forgotten link or the forgotten group in terms of HIV prevention programs and interventions.

The aim of my testimony is to highlight what I perceive to be some critical initiatives and innovations needed to prevent HIV/AIDS in Philadelphia. The latest HIV prevention science and my own research inform my testimony.

First, I'm going to give you just some background information about heterosexually transmitted HIV in Philadelphia, some of which you've heard already, but I'm just going to add a bit more. Then I'm going to briefly describe some key findings from my research to date, and then based on this, I'm going to come up with what I perceive to be some key initiatives, about four things, that can be done to address and prevent HIV here.

So let's start with the epidemiological data. The incidence of HIV/AIDS among black men in Philadelphia is staggering. Data from AACO demonstrate that black men account for the majority of the City's newly diagnosed HIV cases, about 44 percent, and AIDS cases, 46 percent. And heterosexual exposure is the leading HIV transmission category in Philadelphia, in all of Philadelphia, accounting for 54 percent of newly diagnosed HIV cases in 2008 overall. And although the majority of the City's male cases are still among men who have sex with men, between 2004 and 2008 heterosexual exposure accounted for a larger proportion of cases among men. This is sort of one of these sort of untold stories. Yet, black heterosexual men remain the missing link in HIV prevention initiatives, despite their role in heterosexually transmitted HIV. And as I like to point out, I think it's important to remember the CDC's sort

of language here, that the virus is more efficiently transmitted from men to women, so we really need to focus on heterosexual men.

So what I want to do now is just turn attention to some key findings from my research. For all of the reasons already highlighted, my co-investigators and I designed a three-year study just focused on black heterosexual men here, and in 2008, what we did is, we conducted interviews and focus groups with 71 men between the ages 18 and 51 who identified as heterosexual and reported having sex with a woman in the last two months. And here are just some of the findings, some of the highlights of what we learned.

One, the majority of the men who participated of this phase of the study described their lives, as one of the men noted, as an uphill battle every day, filled with daily and unrelenting stressors. Unemployment was chief among them. Thirty-nine percent of the sample

was unemployed and 42 percent reported annual incomes less than $10,000. And not surprisingly, unemployment was compounded by an incarceration history. So men described not being able to get a job for a crime they had committed 13 or 14 years ago.

Two, many men appeared to be distressed by the context of their lives, particularly by unemployment. Our analyses about what they said showed that most desperately want to be able to provide financially for their families and for themselves. And, of course, this is part of the sort of idealized gender norm about what it means to be a man in our society, and black men certainly are no different. And so one of the things that we're looking at is, we're hypothesizing, as others have done, is that the strain of not being able to fulfill these expectations may be linked to sexual risk, because men facing constant financial hardships may find

themselves doing things like having sex with multiple women to compensate for not being able to measure up to society's norms that men should be financially successful. Or another way it might work is that they may be more likely to have unprotected sex under the influence of drugs or alcohol to cope with the distress of their lives.

Three, many men in our research linked having sex with multiple women as a core component of what it means to be a black man, and most reported having unprotected sex with multiple women, often with little concerns about contracting or transmitting HIV. It was fascinatingly disturbing to listen to men's narratives about how the presumed promiscuity of what they often called "down low brothers" was responsible for the high rates of HIV in black communities, with no apparent recognition of how their own sexually risky behaviors with multiple women might be fueling

risk.

So that was the first qualitative phase of the study. The second phase of the study was quantitative. We recruited men from various venues throughout Philadelphia to complete a computer survey about a variety of concepts. We asked them about masculinity idealogy. We asked them about housing, employment, a whole bunch of measures. And we completed data collection at the end of July of this year with 581 men in Philadelphia, and we're just now beginning to analyze this data. So we don't yet have information on sexual risk, but what I wanted to do was just share with you something -- a little bit about the demographics of these 581 heterosexual men.

One, 65 percent were unemployed. So of the 581, 65 percent were unemployed. Fifty-six percent had been incarcerated. And Dr. Nunn has already spoken about the link between

incarceration and risk, particularly in black communities.

Forty-three percent had reported incomes of $5,000 or less, and 30 percent of the sample had lived in two different places in the last six months. And this is important in light of data linking unstable housing with HIV risk.

So what do things like unemployment and poverty and incarceration and housing have to do with risk? Increasingly, national public health officials, like the CDC, and locally, Deputy Mayor and Health Commissioner Dr. Donald Schwarz, have been advocating for greater focus not just on individual predictors of risk. So not just on people's perceptions or whether they like using condoms, things like that. Instead, these public health officials and an increasing chorus of HIV prevention researchers, ourselves among them, and activists are directing attention to the need for focus on

macro-level factors, what we typically call structural factors.

The current HIV prevention science is crystal clear on this point. Addressing the structural context of people's lives, their unstable housing, their poverty, their unemployment, black men's disproportionate rates of incarceration and so forth, are critical steps in preventing HIV/AIDS, particularly in black and other ethnic, minority and low-income communities. To this end, here is a list of four of the most important initiatives, as I see it based on my work, that could be adopted in Philadelphia.

One, employment. Jobs, jobs, jobs. The literature linking poverty and HIV/AIDS, particularly in black communities, is unequivocal. A 2010 CDC study found that the HIV prevalence rate among those who lived in urban poverty areas was more than 20 times greater than the rate among all heterosexuals in the

U.S., and as Commissioner Schwarz pointed out sort of closer to home, census figures show that Philadelphia remains the poorest city of the largest top ten cities in the U.S.

Two, housing. The literature on housing and HIV risk is also pretty clear. People who are unstably housed are at increased risk for HIV because they must often exchange sex for drugs, money or a place to sleep. Recently, a group of HIV/AIDS activists here in Philadelphia widely circulated a petition calling for Philadelphia to increase housing for people living with HIV/AIDS. They are right. Housing is HIV prevention. There is a need for Philadelphia to supplement federal funding for housing for people with HIV/AIDS.

Three, HIV prevention to heterosexual men. The lack of HIV prevention outreach to black heterosexual men and heterosexual men in general

remains a grievous oversight. HIV prevention messages are desperately needed to educate black men, not just black heterosexual women to whom a lot of the messages are directed, about their role in HIV prevention, their need to use condoms, even when they don't want to, with all partners and why.

Public health officials often tell people that they ought to adopt certain behaviors, but fail to tell people why. People need to know that because HIV is so densely concentrated in the sexual networks of many black communities, having unprotected sex greatly increases the odds of contracting and transmitting HIV.

Four, development of linkages between existing structural services and public health. Gravely needed are linkages between health services, such as HIV testing and counseling and treatment, with social services, things like referrals for employment and housing and

legal services. Thus, someone who arrives at one of the City's eight health centers should also have opportunities to be linked into other social services in the City geared to improving his or her entire life and that of his or her community, not simply reducing his or her sexual risk.

In summary, my take-home message is that the secret to preventing HIV in Philadelphia's communities lies in taking bold and innovative steps to improve the structural context of Philadelphia's communities, particularly low-income, ethnic, minority and historically underserved ones. Rather than focusing on individual level aspects of HIV risk solely, our public health policies need to be grounded in empirical evidence and good old-fashioned common sense. The evidence and common sense attest that our best shot at being able to substantially reduce HIV/AIDS in Philadelphia lies in first addressing

structural factors, such as unemployment, unstable housing and incarceration and poverty, that often constrain the ability of individuals to protect themselves and their sexual partners from HIV risk.

Thank you. I greatly appreciate the opportunity to submit testimony today.

COUNCILWOMAN TASCO: Thank you very much.

(Applause.)

COUNCILWOMAN TASCO: Don't go away. Thank you.

Mr. Carson.

MS. CARSON: Yes. Good afternoon. I guess we're just right at 12 o'clock right now. My name is Lee Carson. And so I'm going to veer a little bit from the testimony you have in front of you, because I think that some people have talked enough about local statistics related to MSM, particularly Commissioner Schwarz, so I'm going to adjust this a little bit.

So I would like to take the time to thank members of City Council, the members of City Council who are here, to have this testimony and to allow me to be a part of this process.

COUNCILWOMAN TASCO: Let me also say that we do have -- our hearings can be heard in the offices. So sometimes the Councilmembers are not here, but they do listen on their -- we call it the squawk box. And if they have a television, they can see it on television.

MS. CARSON: Oh, okay. All right. Great.

COUNCILWOMAN TASCO: This is broadcast on our local TV station, Channel 63 and 64.

MS. CARSON: Great. Thank you.

And I'd also like to thank Amy Nunn for all the energy that she's sort of brought, enthusiasm that she's brought into this community and also inviting me onto this panel as well.

So as I mentioned, my name is Lee Carson. I'm going to speak from a few different hats that I wear in the community, which is that of a research associate for Public Health Management Corporation, as a mental health therapist for the Mazzoni Center's Open Door Program, counseling program, as the President of the Black Gay Men's Leadership Council, and I also sit on the Advisory Board of LGBT Affairs under Gloria Casarez, Mayor Nutter's board under Gloria Casarez, and work on the Health Subcommittee there. And, finally, but no less important than the others, that of a black gay man and a community activist.

While my overall concern lies with stemming the tide of HIV infections in the entire human race, today my testimony will focus on black men who have sex with men, from this point forward referred to as black MSM. My other colleagues here today have and will

speak on the many faces of HIV and the problems faced in addressing HIV in those communities.

I want to now turn to the research from a study I have had the pleasure of working on at Public Health Management Corporation under the leadership of Drs. Jennifer Lauby and Lisa Bond called the Black Men's Health Survey. The Black Men's Health Survey was conducted from 2005 to 2006 and is the largest study ever done to date on the lives of black MSM in the City of Philadelphia. Nationally it's known as the Brothers y Hermanos study, which was funded by the Centers for Disease Control.

In this study, 540 men took part in a survey asking a multitude of questions about their lives and were also tested for HIV. I will use data from this study to help illustrate some of the -- sort of some of the issues that we're dealing with here in Philadelphia

when it comes to providing appropriate and sort of culturally relevant services to this population of men in Philadelphia.

Of the 540 men who participated in the study, 90 percent of them had been tested for HIV before, which is great news and underscores the need to continue funding HIV testing at rates greater than we have now due to funding cuts.

Through our study, we found that 27 percent, or 146 of the men, already knew they were HIV positive, while an additional 49 men, or 9 percent, found out for the first time in our study that they were HIV positive. All of these men were provided with support at the time of the diagnosis and provided information to get them into counseling or to get them into supportive services and treatment.

At that time, given -- I'm sorry. So through this study we estimated at the time that 27 and a half

percent of black MSM in Philadelphia were HIV positive. Now, since that data was collected four years ago, we can only assume, given some of the national trends as well as local trends, that that number has increased beyond 27 and a half percent in the last four years, and particularly among young MSM ages 18 to 29, young black MSM ages 18 to 29, which is one of the fastest growing rates of HIV infection among black MSM.

The study also assessed sociocultural factors surrounding the lived experiences of these men. Of these 540 men, 64 percent reported being insulted or verbally abused by a lover or boyfriend, and 49 percent reported being hit, kicked or slapped by a lover, boyfriend or girlfriend. Intimate partner violence among MSM is a serious issue and one that receives little attention. And, in fact, this is Domestic Violence Awareness Month, for those of you who may not be aware of

that.

In fact, there are very few services in our public institutions that provide specific services to male victims of any sexual orientation in Philadelphia. Additionally, there are no shelter services for male victims who need to escape their abusive circumstances.

Twenty-three percent, or 125 of these men, reported been raped or forced to have sex. Of these men, 56 percent reported their first sexual abuse experience before the age of 13 years old.

Research has demonstrated that men who experience a forced sexual experience pre-adolescence tend to experience significant trauma related to the event, leading to a variety of detrimental behaviors, including low self-esteem, depression and substance abuse, among others.

Additionally, there were

also -- there are also studies that have identified a high prevalence of childhood sexual abuse among MSM who are HIV positive. While this does not establish causation, it is significant to note and suggests that identification and treatment of childhood sexual abuse at a young age could help decrease the growing number of HIV infections in adolescents and adults. Currently, in the City of Philadelphia, there are no public institutions that provide comprehensive services to male victims of sexual assault -- of childhood sexual abuse.

Substance abuse treatment is another significant issue that was identified in the Black Men's Health Survey. The two substances that I will mention here are the use of crack and cocaine. Forty-one percent and 39 percent of men reported using crack and cocaine, respectively. We have learned that over time, that these substances also contribute to the spread of the HIV

epidemic. There are a significant amount of treatment programs that exist in Philadelphia to help people recover from the use of these substances. What we lack, however, are programs that are culturally specific and address the complexities of the lives that MSM face who turn to the use of these substances.

There is only one institution that provides some substance abuse services specifically for MSM -- to MSM, which is Mazzoni Center. However, not all men will feel comfortable accessing treatment in a gay-identified facility. Additionally, the City of Philadelphia has supported with funding a City meth recovery campaign, in which crystal meth primarily in this city affects white gay men. However, no such campaign has ever been funded to address the crack and cocaine epidemic among black MSM, who are harder hit by HIV than any other MSM racial group in Philadelphia.

I will now put on my community

activist hat via my work with the Black Gay Men's Leadership Council, and many of you may recall in 2006 when October was listed as Gay and Lesbian History Month on the School District's calendar. There were two special hearings held on this issue, of which I attended one of them. It was discouraging to see the amount of homophobia that was unleashed at these hearings over a simple acknowledgement of Gay and Lesbian History Month. To my understanding, there was no curriculum to be taught, as is the case of Black History Month or Hispanic Heritage Month. It was simply an acknowledgment.

There were many young gay and lesbian youth present at these hearings who walked away hurt and shaken up at the amount of anger and negative things said by some of those who were against the gay and lesbian -- October being listed as Gay and Lesbian History Month. I talked with several of these young people, trying to encourage them to stay strong

and that nothing was wrong with their sexual orientation. As a result of the controversy, the School District decided to do away with Gay and Lesbian History Month, and the message sent to LGBT students is that you should be silent about that aspect of your being. You can talk about your race, but you can't talk about your sexual orientation if you're gay, lesbian or bisexual, nor your gender expression if you are transgender or gender variance.

With the recent tide of teens committing suicide due to a lack of peer acceptance of their actual or perceived sexual orientation or gender identity, it is further damaging to have minimal support from the educational system. The result is LGBTs feeling unsafe in schools, committing suicide and/or dropping out.

Lastly, I want to talk about the supportive housing of homeless LGBT youth and the need to ensure that those

houses which receive City funding are culturally competent and respect the young people that they serve.

There have been a number of complaints from young LGBT people who have accessed services from Bethel House, which is located in the Queen Village section of the City. And it was a housing unit for LGBT teens who were still dependents. Many of them complained of severe verbal abuse from the staff at the facility, a place that is supposed to be supporting them and helping them to achieve their goals. Instead, many of these young people suffered similar abuse to where they came from prior to Bethel. There have been reported similar abuses of teens in the Youth Study Center, where many teens are verbally abused by staff, particularly if you are lesbian, gay, bisexual or transgender or perceived to be. There have been quite a few issues with that in the Youth Study Center.

I have purposely included this wide range of topics in this testimony, which may not all seem to relate to the HIV/AIDS epidemic, but they do, and Dr. Bowleg and others have alluded to this as structural issues. But they do. In public health, many of us have been looking at the tremendous HIV rates we're seeing in urban communities through the lens of Syndemics, which are two or more diseases in a population that work together to exacerbate one or all of those diseases in that population; for example, the syphilis and HIV co-infection rates. I am suggesting that in addition to biological issues, there are a number of social and/or structural factors that are contributing to the burden of HIV infection among black MSM in Philadelphia and as I have outlined some of them to you in my testimony today. These include intimate partner violence, childhood sexual abuse, substance abuse, homophobia and lack of

support for young people inside of the institutions in our City, such as the schools or shelters, et cetera.

These are the ones I focus on today, but there are many more, as you've heard from other people, that also affect MSM, because MSM are found in all sections of the City and all institutions.

So, finally, I would like to make the following recommendations to Philadelphia City Council as a means for addressing the HIV epidemic more effectively among MSM.

One, more funding is needed to increase the availability of HIV testing at non-traditional hours and in non-traditional locations of the City. Lots of services exist in Center City, as we've heard, but not in other locations of the City.

Programs need to be established where male victims of intimate partner violence can access more than just phone

counseling services. If Philadelphia were able to establish a shelter for male victims, we would be more progressive than most cities in other parts of the country, because there are very few cities who have any shelter for male victims.

Number three, provide support for the Department of Behavioral Health to develop a greater infrastructure to provide culturally competent and tailored services for MSM who have experienced intimate partner violence, childhood sexual abuse and who are trying to recover from substance abuse.

And, four, hold the School District of Philadelphia to greater accountability for providing a more supportive learning environment for LGBT teens in all City schools.

And, finally, ensure that all programs receiving funding from the City of Philadelphia -- and I underscore -- establish, monitor and enforce -- because

I think that's what happens a lot of times, is that policies are created but not enforced -- LGBT culturally competent care and anti-discrimination policies that will protect the rights and well-being of LGBT persons, including teens, within these institutions.

I thank you all in advance for your time and consideration, and avail myself at any time to any efforts moving forward to move any of these things forward. And I do believe that -- I strongly believe that sort of being able to implement some of these things will help to improve the quality of life for MSM living in Philadelphia and will also have a positive impact on the HIV epidemic.

COUNCILWOMAN TASCO: Thank you very much.

All of you have presented some compelling testimony and also some recommendations that we will like to further pursue.

Dr. Nunn, are you still in and out of Philadelphia? And I heard, I think, Dr. Schwarz mention this morning you're going to be part of a planning program with the office of -- AACO?

DR. NUNN: Yes, ma'am, and I'll make myself available for any programs or anything that the City Council needs, the AACO, the AIDS Activities Coordinating Office, needs. I'm happy to provide my support.

COUNCILWOMAN TASCO: Well, what I was sitting here thinking while you were testifying is that usually when we have these hearings, it's to gather information, and from that, we try to figure out what is the action plan or plan of action. So I think that what we'll do is a follow-up, so any of you who may leave, would be to meet with some of you again in a smaller group to develop -- first we'll try and develop a report from this, but if not, come up with an action plan of what we need to do

and how we use the offices of City Council to help implement some of the ideas and recommendations you've made today.

So I don't want just to have this hearing and not have some follow-up. So I'm thinking that we will probably have an action plan committee or strategy committee as a follow-up, and I certainly want the three of you to participate. And since you're local, it would be very helpful, except for Dr. Nunn, but she's in and out of the City.

So you've given some good recommendations. You certainly presented the statistical information we have. We have plenty of that. What we need is how do we coordinate the issues, the problems surrounding HIV/AIDS, coordinating it with housing issues, education and other kinds of services. So I appreciate your testimony.

You have questions?

COUNCILWOMAN BROWN: Just a

couple.

COUNCILWOMAN BLACKWELL: Madam Chairman, may I be recognized, please?

COUNCILWOMAN TASCO: Oh, I'm sorry.

Let me recognize Councilwoman Blackwell, who is the co-sponsor of this resolution.

Thank you for coming, Councilwoman.

COUNCILWOMAN BLACKWELL: Thank you.

We also wanted to -- I just left to go back and pull out a newsletter we did in September/fall of 1994. On the front of it is welcoming Dr. David Hornbeck, Superintendent of Schools, and Dr. Judith Rodin, President of University of Pennsylvania. So it shows you how old it is.

But in our resolutions, I said that to say that Resolution No. 534 calling on the Council Committee on Education to hold comprehensive hearings

into the prevention of Acquired Immune Deficiency Syndrome (AIDS) and other sexually transmitted diseases among students within the Philadelphia School District.

So we have some other information. I will certainly make that available to your staff so we can take the benefit of old lessons learned. We had so many medical professionals and so many other people testify during that time. So we'll try to see what's relevant to today's time. And, unfortunately, the illness still exists, so there is something that we may be able to use that we've looked at in the past. So we wanted to certainly make that available to this Committee.

Thank you all for your commitment to this issue, and hope that maybe in another ten years we won't be sitting here again having to have this very discussion.

Thank you, Madam Chair.

COUNCILWOMAN TASCO: Thank you, Councilwoman. And certainly the members of the Committee will be the committee to work with you on coming up with an action plan for the City of Philadelphia to address the whole issue of HIV/AIDS in the community.

When I first came here, we were dealing with this issue, and here we are today. So it's been a long time.

So thank you very much for your testimony, and we certainly will be in touch with you relative to this issue.

We have other panels, and one doctor has to leave, so we're going -- we have three more panels. So we have to move on. Please stay, and if you want to come back after we finish with their testimony, we can do that, too.

I'm going to now call on Panel 4. Oh, I'm sorry. I'm sorry.

COUNCILWOMAN BROWN: Give me 60 seconds.

COUNCILWOMAN TASCO: I'm moving

too fast. Go ahead.

COUNCILWOMAN BROWN: And I clearly understand why.

So let me put on the record, I look forward to the subsequent follow-up. There are a number of recommendations you've suggested that can happen without waiting for funding, in my view, and I look forward to being a part of those discussions.

What I'm curious to know right now, however -- and I agree 2,000 percent -- a large-scale media campaign. Is there a best practice example, someplace in the country where a city or a municipality is already doing that?

DR. NUNN: I think there's several great examples. If you go to Washington, DC, they've got a great one. Also if you look, there's one that's being sponsored by Gay Men's Health Crisis in New York City called Love My Boo, and it's in --

COUNCILWOMAN BROWN: Love my?

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DR. NUNN: Love My Boo.

COUNCILWOMAN BROWN: B-O-O-T?

MS. CARSON: No; B-O-O.

COUNCILWOMAN BROWN: Got it.

MR. CARSON: Like your sweetheart.

DR. NUNN: And I think we can take a lot from those.

I also say that the New York Department of Public Health has invested massive resources in this, and we can probably be in touch with them and learn a lot from what they're doing, particularly in Harlem and the Bronx.

COUNCILWOMAN BROWN: Have any of you ever applied for -- would the CDC fund a media campaign?

DR. NUNN: Yes, and I'd like to just also allude to the fact that the Kaiser Family Foundation has a terrific program. I'm working in partnership with them on the pastors initiative. It's called Greater than AIDS. I'd suggest that we partner with them. They have

funding for this, and they are willing to help us with radio outreach, with financing some of the billboards, and I'm working in partnership with them on the faith-based initiative. They also have materials that they will provide for free or at very low cost.

I think working with these groups that already have these materials would save us from having to reinvent the wheel.

COUNCILWOMAN BROWN: Absolutely.

DR. NUNN: Perhaps we can tailor some of the messages for local audiences, but there are already people out there doing great work on this, and I think we can learn a lot from them.

MS. CARSON: If I could just add, I was going to mention that, actually. The Black AIDS Institute, it must be funded by the Kaiser Foundation, but the Black AIDS Institute, which is located in Los Angeles, has done a

national campaign and mostly to cities who have large black populations. I've not really seen any billboards locally, but I thought they said that Philadelphia was one of their locations, but I may even have in my office some of the materials that they have in their campaign and can forward those to your offices, if I can find them, but certainly have a connection to the Black AIDS Institute, who can provide any information about that campaign. But I believe it's funded by the Kaiser Family Foundation.

COUNCILWOMAN BROWN: Two remaining follow-up questions. I do believe that Senator Vincent Hughes and Sheryl Lee Ralph are a part of that effort, because that's really the only billboard I've seen in the City that speaks to this particular issue. So that may or may not be a part of the LA effort.

We have Brown University

represented here, Drexel University. I know of the good and important work at the University of Pennsylvania with Dr. John and Loretta Sweet Jemmott. Is there any connectedness, speaking to not reinventing the wheel, with the work that all of you are doing at your various universities, any thread that's running through the work with what you're doing and the Jemmotts at University of Pennsylvania?

DR. NUNN: I think we all speak a lot informally, but this may be our first collaborative effort, certainly our first attempt to engage policymakers.

COUNCILWOMAN BROWN: I would hope and underscore the importance of connecting and having glue with the work that you're doing. Operating in silos doesn't help us when we know we're operating in an environment where there's limited funding. So to the extent that that's possible, they too should be invited to the ultimate follow-up session

that Councilwoman Tasco is going to convene.

Thank you all for your important testimony.

MR. CARSON: Thank you.

COUNCILWOMAN TASCO: In Dr. Schwarz's testimony, they did say that they're going to have new billboards going up. So it may be tied in with the Kaiser program. But collaboration is very important. As we see, there are a lot of good ideas out there, a lot of recommendations, but we got to pull them together and try to figure out how do we develop a program where we are all working together, because you know the City does not have a lot of money, so we have to go after grants and have to find funding to support the ideas that we have. And as we move forward, what would be the policy of the Department of Public Health in some of the -- implementing some of the recommendations that you have made relative to funding, where the

funding is appropriated and how do we get new organizations to come in and participate, particularly in those zip codes that Dr. Schwarz has outlined and/or those organizations who are serving the minority community, how do we strengthen their funding base so that they have a greater outreach to some of these other communities.

So we thank you all, and we'll be in touch. Thank you.

COUNCILWOMAN BROWN: Yes.

COUNCILWOMAN TASCO: Let me call now Gary Bell --

(Applause.)

COUNCILWOMAN TASCO: -- Executive Director of BEBASHI; Robert Burns, Executive Director of COLOURS; Jose de Marco and Samuel Morales, Proyecto SOL Filadelfia; Carlos Gonzalez and Nina Serrano from the same organization. And I'm going to add Dr. Ellen Tedaldi from the Comprehensive HIV Practice Program at Temple

University. Is she still here?

DR. TEDALDI: Yes.

COUNCILWOMAN TASCO: I'm going to let you go first.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: I'm sorry to keep you waiting, but this gets very involved, and we love just having people come and testify.

So why don't you summarize your -- because we've heard all the statistics. So let us know what you're doing and give us a summary of your testimony. We're going to include you in this follow-up, too.

DR. TEDALDI: Well, thank you for your indulgence. And I apologize to my panelists, but I do have an office full of people who are coming from the infected neighborhood -- or impacted neighborhoods that have been described in North Philadelphia and Germantown. So I don't want to disappoint them.

I think a couple of points which have not been raised, and, that is, one of the barriers on the medical side for not being able to detect and treat individuals is to get rid of our antiquated testing law that requires an entire separate written consent and procedure before actually asking a patient to get an HIV test. This should be part of routine -- you've heard this discussed this morning -- routine healthcare. There should not be the barriers of creating these extra consent processes, which really can sometimes deter both providers and patients from getting their HIV status known.

I just want to emphasize from the medical point of view that we talk about HIV as a sexually transmitted and infectious disease, but the collateral damage is pretty extensive in terms of the medical complications of longstanding, untreated HIV disease in terms of kidney failure, cancer. So it's

not just infectious disease that's the issue. It's really the multitude of medical complications related to AIDS. So, therefore, again, very important to get your status known early before you have the ravages on your immune system.

And I think reflecting on the comments of the last group is, as a provider for over 24 years in the area, there is very little in the way of integrated models of best practices. We struggle daily with patients who you've heard, very significant social and economic disparities, and we are often struggling to find ways to integrate mental health, social services in a patient-accessible model that really is functional and understands where HIV sometimes falls in an individual's life. It's not necessarily at the top.

And so it really takes, I think, an integrated model to provide the maximum amount of care and have patients reap the benefits of the drugs that are

out there that can add decades back to their life.

Thank you very much.

COUNCILWOMAN TASCO: Thank you very much. We appreciate your testimony.

We're going to hear from Gary Bell, BEBASHI, one of the funding organizations in the City who is struggling to provide services in the City of Philadelphia.

Proceed. Identify yourself.

MR. BELL: My name is Gary Bell. I'm the Executive Directors of Blacks Educating Blacks About Sexual Health Issues, otherwise known as BEBASHI. We were the first black AIDS service agency in the United States and we provide a continuum of prevention and care services that reaches about 15,000 people annually.

I wanted to -- one of the downsides about coming later on in the process is a lot of the good points have been made. So I really want, in the

interest of time, to zero in on a couple of very important ones.

I cannot underscore the importance of focusing on young people. We've talked about the high rates of STIs. We've just touched on teen pregnancy, which is also an issue. We started a text line. We have a 24-hour text line where young people who are sexually active can text their questions to us 24 hours a day, and we will respond within 24 hours. Some of the questions that we received were, can you get pregnant by having anal sex or by having oral sex or by having sex standing up? What is a sexually transmitted infection and how do you get it? And one of the really scary ones is, how much does the cure for HIV cost and will my Medical Assistance pay for it?

One of the topics we didn't focus too much on and I want to zero in on are the people who are out of care. The City of Philadelphia estimates that

roughly about 22 percent of people living with HIV at any point in time may not be in care. We've also heard a CDC statistic that says a fifth of people living with HIV do not know their status. So they are not in care either. So we're looking at as many as 40 percent -- and that might be a conservative figure -- of people who are living with HIV and are not in care.

We know that people who learn their HIV status tend to be safer. They tend to disclose to their partners. They tend to practice safer sex. We also know that people who are taking their antiretroviral medication on a regular basis may be less infectious, because we know that one of the stronger efforts that we've seen in reducing the spread of HIV is by getting people into care. So there really needs to be a focus on that perhaps 40 percent or as many as 10,000 people, 8,000 to 10,000 people, who are not in care in Philadelphia at any point

in time.

The other thing I wanted to touch on real quickly is the cost, because we've already alluded to that, and it's often the elephant in the room when we talk about increasing services. A Cornell University study looked at the cost of per person over the lifetime of someone living with HIV, and that cost is about $600,000 a person, or about $11 billion for the 19,000 people we have living with HIV in Philadelphia. If we average another 1,200 people a year, as we've been averaging over the last three years, that could add another $6 billion to the cost. Now, we won't shoulder that entire cost, but we will serve a fair share of that cost. And that doesn't -- that's just for medications. It doesn't include hospitalization, doesn't include the expense of tests, doesn't include the impact on other City agencies like DHS and Community Behavioral Health or the Office of Housing, and, most importantly,

it doesn't take into consideration the human toll, the lives lost and the families disrupted.

I just want to talk about what I think we need to do, and I think what we need is a strategy. The President of the United States issued his first, and I should say the United States' first, HIV strategy, and I think the City of Philadelphia needs a strategy as well. The media campaign should be part of that strategy, but there's a lot of low-cost things we can do. We can put posters around in City offices. We can put little things in mailers, little mailers in all the correspondence. Can you imagine how much correspondence goes from the City offices? We could just put little mailers encouraging people to get tested. We could put little lines on people's paychecks that says "have you been tested yet?" We could have people listening when they're waiting on hold, as I have often done, on the City

switchboard. They could be listening to a message about HIV prevention or about getting tested.

There's a lot of low-cost things that we can do, but one of the things that has to happen is, we have to get past the point of thinking that everyone who is at risk is in a shelter or is in a prison or is in a drug rehab. Everyone is at risk. They're the people picking up our trash, they're the people running into burning buildings, they're the people fixing our streets. We're all at risk.

So that strategy needs to incorporate a media campaign and needs to incorporate comprehensive sex education, not just in high schools but in middle schools, because some of those questions we got were from 12- and 13-year-olds.

That strategy also needs to incorporate every City department. They each need to step to the plate and say what they're going to do to educate their

own staff people, to encourage their own staff people to get tested and to train people, because we hear horror stories all the time of people living with HIV and how they're treated when they go to certain City agencies. They need to be trained on how to deal with people living with HIV.

And there's some -- getting people into care, I have two specific strategies for that. One is something as simple as having the City health center social workers get clients to sign a consent form so that we can find them when they get lost to care. Over half of the people being treated for HIV are going through City health centers. We have a care outreach program that's funded to find people lost to care, and we can't get the clients to sign a simple consent form.

We also have a waiting list for case management services, and the main reason for this waiting list -- and I'm

going to be very unpopular for saying this -- is because providers won't step to the plate and take those people off the waiting list. Every one of those providers should step up and eliminate that waiting list by taking people living with HIV off that list.

(Applause.)

MR. BELL: Those people are ready for care today. We can't let them sit on a waiting list for two to four weeks when they're ready for care today. And that's not the Health Department's responsibility. That's our responsibility, because we're not taking those clients off that waiting list.

COUNCILWOMAN TASCO: Could you explain that a little more to the novice here who does not understand what you're talking about?

MR. BELL: The Case Management Unit for the City Health Department, AACO, has a process where people who want medical case management services are

referred to agencies to receive those services. The City has worked very hard to try to give people a choice, and sometimes those folks choose to go to a certain agency. They may want to go to Mazzoni, they may want to go to Action AIDS or whatever. Unfortunately, if that agency does not take those clients right away, they're left hanging. And one of the practices that some agencies do is, they keep people on the rolls so it looks like they have more cases than they really have, because there's a lot of attrition with these clients. They drop out of site, they leave the shelter, they pick up their drug habit, they go back into prison.

So I know specifically, because we provide medical case management services, that some of those clients drop out of sight. So there's attrition in every one of our caseloads in every City agency that's funded for medical case management. There's no reason why we

can't take those cases. There's no reason why we can't have a plan where perhaps in 72 hours every one of those people referred for medical case management get medical case management. I have not yet to hear one convincing argument that we can't eliminate that waiting list. But it's the providers that are going to have to do it.

(Applause.)

MR. BELL: So in closing, I just want to say that we really have a choice here, and the choice is what we want to be known for. Do we want to be known as an organization that had our heads in the sand when the rates soared or an organization that stepped to the plate and came up with innovative programming and stopped this thing from spreading the way it is?

We know how hard it is to get rid of a bad reputation. We have a reputation for throwing snowballs at Santa Claus that we haven't gotten rid of

yet. But I think we have the resources. And I don't think we just have to depend on the Health Department to do it. If the whole City pulls together, I think we can make a big difference.

COUNCILWOMAN TASCO: Thank you very much for your testimony. Appreciate it.

(Applause.)

COUNCILWOMAN TASCO: You want to be next? Are these guys going to let you be next?

You have to come to the table.

Would you all just switch with her for a minute, please. Don't leave, but just switch.

Please identify yourself for the record.

MS. GRAY: I'm Anastasia Gray, and I thank City Council, Chairperson Tasco, assistant Co-Chair Blackwell and the rest of City Council for not only this resolution, but having us talk today about something that is so close to all

of our hearts.

I am a registered nurse and I have been a registered nurse for 36 years. Twenty-nine years ago I became an advanced practice nurse, a nurse practitioner. A nurse practitioner is someone who provides primary care for a group of patients.

In the City of Philadelphia, a lot of the care for our HIV positive individuals are being taken care of by advanced practice nurses and physician's assistants. So this is a very important topic for us, and it's very close and dear to my heart.

I've been working at Temple in the primary HIV comprehensive practice for the last 24 years. Yes, the patient population that I take care, I provide services for a very diverse group of patients - old, young, men, women, straight, gay. I take care of those who don't -- who no one else wants to take care of. I provide services to those

individuals who the stigma is still so great, that they can't even talk about it. I am the voice for those who can't speak for themselves.

Several weeks ago I lost a 30-year-old patient. Why? Not because there wasn't medication, not because that we weren't providing the services. It was because of the stigma. She could not tell her family. She could not tell her loved ones, and she died. When she died, her family members didn't know she was HIV positive. All they found was a closet full of medication that was locked up. And this young woman died, who was heterosexual, because of the stigma of HIV.

We've talked a lot about the statistics here today. People are living longer, growing older, and even growing older, they're living with a life-threatening illness that our community still won't talk about. This is 2010. I didn't think I would have

this conversation today. I thought when I got involved in HIV taking care of my first patient, who was gay but had gone straight, got saved and was in a new world, wife was pregnant with their first-born child, and I had to practice in the mirror to tell him that he was going to die, because we had nothing at that time. Well, he did die. His wife did have the baby, and fortunately and a blessing, neither she or the baby was HIV positive. He is now a college graduate, raising his own family.

We rival the epidemic that is occurring in Sub-Sahara Africa in the United States, and we've already heard many members express that we are seven times the national average. People are still entering care late, not knowing their status. I cannot emphasize enough about testing, testing, testing. I should not be seeing patients, brand new patients, just yesterday, with full-blown AIDS, full-blown AIDS. Never tested, got

tested.

Two days ago, a 25-year-old in family planning clinic, I was called to help her deal with this.

Ms. Gray, she's all freaked out. I don't know how to handle her. Can you come up?

We talked to her, and she did not think she was at risk. Why? She had one partner, but, of course, her partner had multiple partners. And she is still dealing with this. She is on Facebook right now telling everybody she wants to die because now she doesn't feel she can live.

This is the epidemic that I as a healthcare provider deal with every day in my practice. Yes, there's a changing face in the HIV community. This is not a gay man's disease. This is not a gay man's disease only.

(Applause.)

MS. GRAY: Only. Only. Most of the women are -- most of the new cases

are heterosexually transmitted, and our community continues not to have this recognition.

I have been working in HIV, as I said, for at least 30 years. My mother, who knows me very well, she's 79 years old, and she knows I talk about this all the time. And you know what she said to me just two days ago? She said, I didn't think AIDS was still a problem. Nobody is talking about it. You're the only one I hear talking about it.

We have to change that paradigm.

We've already talked about the statistics. Dr. Kimberly Smith, who is an infectious disease doctor from Rush University, spoke at a national conference on -- conference for retrovirus and opportunistic infection in February in California, and she pointed out that communities of color are marginalized, homophobic and continue to keep our secrets behind closed doors.

This is straight, gay and transgender.

Our churches have failed us, with only a few who speak out in support for those who are infected and affected. We have a hidden community, a hidden epidemic of life-threatening causes here, and, that is, the heterosexual African American man. I have been talking about this for 15 years. I have talked to pharmaceutical companies. I have talked to people who implement programs. Where are the programs for heterosexual men? This is what's fueling this epidemic.

(Applause.)

MS. GRAY: If we get to the men, we will get to the women. Many women are in power. There's domestic violence. They depend on their loved ones for financial and housing resources. They're not going to tell, I'm positive and I need you to use a condom. Some women will.

I run a heterosexual -- I run a women's support group, as well as a

heterosexual men support group. How many in the City of Philadelphia do we have? None that I know of. Men come and talk to me, and I'll tell you, I have learned a lot. I have a Master's in Nursing, but I got my Ph.D. from my patient population.

(Applause.)

MS. GRAY: The men I talk to are empowered. They are strong. They feel bad about what they have done in terms of infecting themselves and some have infected their partners, and they want everybody to know that we are here to help and we don't want this infection to spread, but there's no one addressing them. There should be programs across the City for the masons, for the fraternity brothers, for public housing. Programs should be in public housing all across. These are a lot of the catchment areas where this is being impacted. There should be programs at the basketball courts. And I just don't mean

testing, because nobody is going to admit that they could be HIV positive. So to have an isolated test of just testing individuals in terms of just come in here today and we'll test you, that may not happen. We need to offer other kinds of resources to have them tested.

I don't know if you're aware, but in the City of Philadelphia, there are 18 federally funded health centers. There are 18, and many of these health centers are within the communities. You can walk in if you are uninsured. Now, we've talked about people who have insurance, we talk about people who have Medicaid, but there is a large population who don't have any insurance.

Every federally funded clinic in the City of Philadelphia, outside of the nine health districts, you can walk in and be tested for free. This should be advertised across the board. We should know those numbers. We should know where they at, so that we can inform

not only our consumers but our patients. And no one is advertising.

The mental health and housing issue is of such paramount in the City of Philadelphia. I don't know if you're aware of it, but there is a two-year waiting list for people who are HIV positive and needs housing, and all the studies state if they have housing, they'll be adherent. If they have housing, they may decrease their drug issues. If they have housing, they're more likely to take better care of themselves. That list needs to become extinct. There should not be a list.

(Applause.)

MS. GRAY: No way.

The incarceration rate, the homicide rate has continued to fuel this epidemic. You mentioned earlier about poverty and what's the difference between poverty and African Americans contracting HIV, as Councilman Goode -- that was a very important question that he raised.

Yes, a lot of this is poverty, but a lot of it is also that people of color are very colloquial. We stay within our communities. We don't travel outside our communities.

If I was professional woman, as I am, and I lived in Mt. Airy, but I still go to church in North Philadelphia, I still hang out with those individuals in North Philadelphia, and if zip codes 19139, 19146 and 19121 is where I hang out, guess what? I consider myself low risk, but the gentleman that I may go out, because he just got out of jail, may have two or three partners, because that's how he lives. So that makes me at high risk. That is what we call the sexual network. There is a network that makes an environment high-risk environment with high-risk behavior with someone who is low risk and that person does not think that they're at risk for HIV.

We have to educate. The more

people we test in our communities, the more likely that people who are positive will find out, the more likely they will get into care, and the more likelihood that those numbers of HIV in that particular community will drop dramatically.

(Applause.)

MS. GRAY: Early treatment, early treatment, care is extremely important.

I want to emphasize one more thing, because I have learned so much from my patients. And I'm not going to get emotional, but I'm going to read something to you, and I want you to think about this, because this applies to everyone who is in this room.

COUNCILWOMAN TASCO: Let me just, before you begin, recognize that we do have Councilman Jones, because he's very interested in this issue, too. So he's here to hear your message, too.

MS. GRAY: Thank you.

Do you really know who I am? I am your neighbor next door who you borrow a cup of sugar from. I am the sweet old lady that watches your kids. I'm the person who sings on the choir with you or sits next to you on the pew. We shout and praise the Lord together on Sunday morning.

Do you really understand who I am? I am your best friend who you confide in. Yes, I am the one you tell your deep, dark secrets to. I am your husband, your boyfriend, your girlfriend or your lover. I am your sister, your brother and even your mother who brought you into this world.

Do you really know who I am? I walk your children to school each day. I even drive the school bus. You shop in my store and purchase food and other items from me. I am the homeless one, the street walker, the lady of the night and the runaway child. I am the uncle or father with crack and heroin in my veins

to ease my pain, which you really don't want to know about.

Do you really understand who I am? I am your teenage son or daughter or the young people who hang on the corner with your children. I am the baby, the grand-baby who is always sick and you don't know why. I am your grandmother, your grandfather, the elderly man or woman who sits on the porch and always has a smile for you. I am the person whose life-style is different from you that you make fun of because he or she is sweet, trans, gay or lesbian.

Do you really want to know who I am? I am you.

Thank you very much.

(Standing ovation.)

COUNCILWOMAN TASCO: Thank you. Thank you very, very much. Thank you.

Okay, gentlemen. We will now proceed with Mr. Burns from COLOURS.

MR. BURNS: Good afternoon, Chairwoman Tasco, members of the

Committee on Public Health and Human Services. I am Robert K. Burns, the Executive Director of the COLOURS Organization. My representation here today as an unapologetic black gay man and leader of one of the country's oldest African American gay and lesbian institutions and Philadelphia's only indigenous, for us, by us sexual minority-focused organization am here to provide testimony today in regards to Resolution 100565 concerning the HIV epidemic here in the City of Philadelphia, specifically within the African American community.

The testimony that I share with you today is mixed with frustration and pain, as I struggle with trying to move an agenda forward amongst LGBT communities of color by simply saying, It gets better.

Through my experience as a provider, I've watched the escalation of HIV disease impact African American men

who have sex with men from now one in five, when I was 22 years old, as others have shared earlier, to now becoming one in two, more than 50 percent, and I'm now 35 years old.

Specifically at COLOURS, our HIV testing positivity rate is 7 percent for African American men who have sex with men. That's nearly four times that of the City of Philadelphia's AIDS Activities Coordinating Office average of less than 2 percent. Nationally, more than an astounding one in 16 black men will be diagnosed with HIV at some time, at some point in their life, as will one in 30 black women. While locally areas of North, West and Southwest Philadelphia are disproportionately impacted by the HIV/AIDS epidemic, these are primarily our African American communities that go underserved, yet and still I'm asked to believe it gets better.

COLOURS provides direct services to over 3,500 African American

LGBT youth and adults to mitigate the damages of HIV and STDs that happens within a community, but also the underpinnings of the behavioral and external environmental factors that provide a cultural context towards the increased risk of HIV acquisition and transmission.

As a 19-year-old institution that was born out of the need to empower a disenfranchised sexual minority community of color here in Philadelphia, we are still met at an impasse with increased rates of violence; trauma that is both mental, emotional and sexual; discrimination; stigma; depression and, now made more visibly through our media, suicide. The lack of resources in the form of comprehensive culturally and linguistically responsible services and monetarily in our organizations force organizations such as COLOURS, an agency that is deeply rooted and connected and committed to LGBT communities of color,

to struggle to meet the myriad of psychosocial and socioeconomic woes.

Yesterday, in preparation for my testimony, I spent half of my day providing support for a 23-year-old young black gay male who was contemplating suicide. For him, it was not getting better. He was struggling, and I did not know where to tell him to turn. Unfortunately, I was not able to provide this same level of support for another black young male who committed suicide on Saturday. He took his life at the age of 26.

More than two weeks ago, a young transgender woman of color was murdered. A month and a half ago, senseless violence took the life of another person at a popular LGBT community of color club in North Philadelphia. A prominent deejay within the LGBT community was murdered in the Logan section of Philadelphia three months ago.

These are all examples of trauma experienced within LGBT communities of color that constantly serve as a reminder that it's not getting better.

Finally, I would like to highlight the systemic failures that continuously happen and contribute to the increased risk of acquisition/transmission in our community. Collectively, we must begin to examine the mechanisms to sustain our institutions that have been the key stakeholders and the cultural fabric of our community. As I've shared with you earlier, COLOURS is one of eight institutions that remains across this country that have had a longstanding history of being representative in serving the needs of the African American LGBT communities and their allies. Changing the paradigm that will allow for increased capacity building, development and succession planning is necessary in

order to maintain the momentum needed to not only address the HIV/AIDS epidemic in our communities, but the systemic Syndemic dysfunction that serves at the root causes of mortality for the African American community.

I ask City Council to ask the critical questions about the disparaging differences that exist amongst -- that exist among the organizations' resource allocations for African American institutions versus that of non-people of color institutions.

I ask City Council to examine the lack of infrastructure, effective and meaningful technical assistance and capacity building for our African American institutions. There's a reason why we're not surviving.

I further ask City Council to assist in pushing the policy agenda as it relates to ensuring cross-collaborations of partnerships with our non-traditional institutions that are often the

mechanisms for serving our African American communities most at risk.

I'd like to take this time to thank you for allowing me to be able to speak before City Council about this important issue that affects my community.

COUNCILWOMAN TASCO: Thank you very much. We appreciate your testimony.

(Applause.)

COUNCILWOMAN TASCO: We are really seriously concerned about the issues raised around funding, and certainly we will follow up on that. This Committee will follow up on that. That will be one of the top agenda items for me and my colleagues in looking at this whole issue of funding. And it has been raised before. It's not something that's new. So we will follow up on that.

Thank you very much for your testimony.

Next, who is going to be next?

MR. GONZALEZ: Good afternoon. My name is Carlos Gonzalez. I do HIV testing and counseling and I'm a member of Proyecto SOL Filadelfia. It's a non-profit organization that helps the Hispanic community, empower the Latino community to advocate for themselves and to stay healthy. And I'm here because I'm a person affected by the disease of HIV. Like you guys know -- well, the statistics says that 2,300 people, Hispanics, are living with HIV right now. Twelve percent of those ones are diagnosed with AIDS.

It is very important for the City to recognize that it's a disease that is rampaging and it's a disease that's growing daily.

I can tell you statistics, but I'm not here to tell you statistics. I'm here to testify.

I was diagnosed with AIDS in 2003. I've been through homelessness. I've been through drug addiction. And

when I was diagnosed, my CD4 was three and my viral low was 987,000. I was 114 pounds, and I was dying with every opportunistic disease that you can imagine. I was diagnosed by Dr. Ellen Tedaldi that just testified as well. And if it wouldn't have been for the services that the City provides, I wouldn't be here sitting here right now testifying in front of you. By the grace of God, and thanks for the services that have been provided by AACO and by other agencies in the City, I have been able to accomplish all the things that I have accomplished until today. Today I speak about the disease. Today I help other people to not go through the situations that I went through when I was first diagnosed.

I'm a heterosexual Latino man who live with the disease today. And it's empowering to know that I can rely on people in the City, and those funders are getting cut. Two million dollars have been just cut from federal money

that we used to get that used to provide housing, that used for information to people. And it's very important, housing. Housing is very important for people living with HIV, because it's less cost for the City to house people with the condition than having shelters or having outside as homeless, you know. The money that they spend on hospitalizations for somebody who is homeless and get pneumonia or gets sick, it's higher than if you house that person and that person can take their medication daily and be able to support himself. I'm a true example of that.

I lived through homelessness. I know what it has been in a shelter and I know what it has been incarcerated, and today I live a totally different life, and it's because of the services that were provided -- that are provided by the City. We can't let those services stop.

The Latino community is -- the HIV in the Latino community is rising.

It's very important that we recognize the Latino community, because we are part of the City that sometimes has been overlooked, and we need services as well.

I ask humbly the City Council to be our voice, because you guys are in a privileged position and you guys can speak for the people that can't speak for their own.

Funding has been cut, the City. I know the City is not putting any money towards -- understandable, yet it's short. But there's other cities that match the federal money that they get, the city match or at least put some input into the funding that then the agencies will have. Agencies are closing right now. Siloam just closed. There's other agencies who doesn't have that much funding to be able to provide for clients.

Just to tell you a little example, yesterday I was at the Mazzoni Center and I was talking to the person in

charge of the Food Bank, and she was mentioned to me that they getting low on food, because they get food for 439 people. Last year, they were getting food for 439. Today they serve over 860 people. That doubles the amount of people who are getting services, and the funding still the same.

It's very important to recognize that now we are living longer, that we need more services, and it's something that affects everybody, not just one particular area in the community.

I thank you for listening to me, and I encourage you to please do your best in order to be able to address these issues. And I'm in the best position to help the City Council and the City of Philadelphia.

Thank you.

(Applause.)

COUNCILWOMAN TASCO: I'm sorry, I had to leave, but before you go, what

is your organization?

MR. GONZALEZ: Our organization is Projecto SOL Filadelfia. It's an organization that it was made to empower the Latino community. We teach. We do HIV testing. We do counseling, if required. We advocate, and we do prevention. We do a lot of prevention, and we educate the Latino community on the issues of disease, and we empower the people who are affected or infected by the disease on how to get resources and how to advocate for themselves.

COUNCILWOMAN TASCO: Do you get funding from the City, AACO?

MR. GONZALEZ: No, we don't.

COUNCILWOMAN TASCO: Have you ever applied?

MR. GONZALEZ: No, we haven't.

COUNCILWOMAN TASCO: We have to talk to you about how to apply. You need to know how to apply for the funding.

MR. GONZALEZ: Yes, ma'am.

COUNCILWOMAN TASCO: Okay.

Thank you.

Sir.

MR. MORALES: Thank you for having this opportunity. My name Samuel Morales. I'm the co-founder of Projecto SOL, one of the co-founders.

First let me give you a little history of myself. I was a drug addict for 25 years. I did about 17 years in prison. My last arrest was ten and a half years in prison. I got my education in prison. I started law in prison and became a law clerk. I opened support groups in prison by fighting for people who's HIV positive in prison, African Americans, Hispanics, Caucasian, whatever the situation, whatever help they needed. I did about four years in the hole just fighting for their rights in prisons, and then I was doing 20 years. I kept on fighting for my life.

I came out after ten and a half years and I've been in the streets now for going on 11 years. This May will be

11 years since I've been in the streets.

(Applause.)

COUNCILWOMAN TASCO: That's great.

MR. MORALES: I'm also HIV positive since 1985. I don't tell my story to no one. Nobody knows about my conditions, because I don't go around telling people my business.

But the reason why this Projecto SOL was accomplished, because the lack of information provided to our communities. The stigma is still around. Translation, the language barriers, the services not provided in our communities, especially around the zip code 134 and 133, all around that area. And you're right, in Germantown, all the way up there, I worked on Germantown. I work at the bottoms. I work down West Philly, South Philly. You name it, I was all over the place. Not only in North Philly.

Latino populations right now --

and the statistics are every two Latino out of five test positive. Within one year, they become AIDS diagnosed, because the stigma, the language barrier or wherever -- no IDs, or whatever the situation will be.

The Latino population is one of the largest populations growing right now in here the United States, one of the largest. And the point I'm trying to say is, this HIV and AIDS does not discriminate against no one. This attack everybody. I'm not here to say I want to fight for Latino. I'm not here for African Americans. I'm here to find a solution how can we all work together to find better services to provide these communities that is needed.

A lot of these organizations that work in Center City are called non-profits. How big is non-profit organization when you have over 1,400 employees? You can look at the facts. What is non-profits in Center City, have

over 1,400 employees, and there are all these programs, but they're not providing the service that we need. They're wasting a lot of money, that some of this money -- some of these communities could use.

By me, I'm involved with different organizations. I'm involved with the Mayor's Office Community Advisory Board. I'm Advisory Board for the Mayor's Office. I'm also Board of Directors of Philadelphia FIGHT. I'm also Board of Directors Prevention Point. I'm also Community Advisory Board for University of Penn. I'm involved in a lot of stuff here in Philadelphia. I just don't stay quiet.

I just retired from my job, so I have a lot of time in my hands.

Now, the reason why I come up to you, because we need to sit down as a whole, like a family, and talk about this here. What we have on our hands, how can we make it better, how can we provide

service to our youth, how can we provide service of people coming out of prisons. We have the tools, but you got to come together as one.

For instance, like the School District, they have infectious disease nurse. They should be educated to teach and graph and look at people and see the (unintelligible) reduction, the prevention, say, Listen, this is what's going on. Some of these nurses in schools, they're not educated on HIV and stuff like that. So education is very important. You have to go around the communities.

These health centers, they test people for STIs. They also should be tested for HIV. There's no reason why it shouldn't be tested for -- just for sexually transmitted infections.

You name it, it's a lot of services that we have with enough in our community, and sometimes it's not the money, it's some of these organization

opening doors and helping people. And be for real in this job. If you cannot do the job, step off and let somebody else do it, because some of these organizations' case managers do not provide service for people that need it. You go some of these organizations, there's people outside waiting to see a case manager. The case manager out there talking on the phone, personal calls. Don't know nothing about it. I asked a case manager one time, Listen, I provide service, I got a house for this individual.

I say, Oh, you got the house? That's good. Now, tell me something, do you talk to individual to find out if he knows how to pay his bills? Do you know how if he can socialize with community? Does he know how to put the gas on or certain things that an individual needs, a guidance? You cannot assume that we know all this.

There's some people -- there's

case managers or whatever the situation will be, they're not really educated. People -- the nurse was here and she said she got Ph.D. from the street. That's where they need to go, on the streets, and find out what the pain, you know, seeing people.

I tell people, I say, You don't know -- the people I work with, their furniture, sometime they have a can of soup or something like that, to hang onto the furniture. That's kind of people I be with.

I'm talking about people -- if they get letters through the mail, they can't -- understand, they can't read, and if it says whatever the situation is and it's not translated to their knowledge, to their level. You know what I mean? For instance, they go to a doctor to get medication, and they can't read it or it's not in Spanish. You know what I'm saying? Whatever the situation will be.

There's a lot of stuff that we

need to -- I mean, Philadelphia is a strong city. We shouldn't be here -- we just the fourth highest population city of HIV. We shouldn't be this, because of the resources we have in Philadelphia.

I think the Committee should take a look at where all this money is going at and focus how can we make it -- take that money and put it where it's used -- where it's worth -- where it's useful at, because a lot of people not going to come down Center City, and I guarantee you that. A lot of people is not going to go -- they like to stay around their neighborhoods, and people have to come to our neighborhoods and find out what was happening in our neighborhoods.

This is not about community. This is about neighborhoods, because Germantown -- you go Germantown and Lehigh, if you cross Lehigh Avenue, (unintelligible). If you stay this side of Lehigh Avenue, it's another part of

the neighborhood. You know what I'm saying? You cannot tell me that after Broad Street it's North Philadelphia. No. A lot of people after Broad Street down to the east side is North Philadelphia. You know what I mean? This is the part, and they confusing. Talking about statistics by zip codes and all that. Come on, it's not that -- let's be for real.

Look at Philadelphia. They should never been like this. You go out -- I guarantee you right now if you go down 40th and Lancaster, there's nobody out there working.

AUDIENCE MEMBER: Yes, there is.

MR. MORALES: Okay. But I'll tell you one thing, when I was working down there, there was only one program. One Day At a Time was there. You remember that. You know that. Right. So when I was down there, I was working, there was no program down there at that

time. One Day At a Time was the only program out there working.

It's a lot of programs out here that's not doing their job that's supposed to be doing their job.

But my concern is this: That we cannot point fingers. We cannot do this. We can do that. The only thing we have to do is come together with all the resources we have and use it.

Thank you.

(Applause.)

COUNCILWOMAN TASCO: Thank you very much. I'm sorry. I hear you. I got your point. And you're Mr. Morales?

MR. MORALES: Yeah.

COUNCILWOMAN TASCO: Samuel Morales. And we know how to reach you.

Thank you both very much for your testimony.

Our next panel, Linda Burnette, YOACAP; Robert Thomas, Urban Solutions; Jose Benitez and Viviana Ortiz, Prevention Point; and Carla Fields, Act

Up.

We're going to call the next group, too, so we can -- there will be a couple of people. Marie Ranselle and Danielle Parks.

(Witnesses approached witness table.)

MS. BURNETTE: Good afternoon, ladies and gentlemen --

COUNCILWOMAN TASCO: Thank you so much, and we're sorry -- you know how this goes, Linda.

MS. BURNETTE: You know I know how it goes.

First, I want to thank you again for being at the forefront of this disease. A lot of people don't remember, I'm 23 into HIV prevention education. YOACAP is one of the oldest African American -- still headed by the same people and having some of the same staff -- community-based organizations still in existence in Philadelphia. We're very proud of that. You honored us

with that, I think, in '94. I was 15.

COUNCILWOMAN TASCO: Yes, you were. And you're 17 now.

MS. BURNETTE: Thank you.

Today, though, I've listened to a lot of statistics, so I'm not going to give you the statistics. You've heard that. I've listened to and I've been so impressed by my co-workers and my activists, who are very impassioned about this disease, just as I am. But I want to give a little update.

In 1989, YOACAP began providing HIV/AIDS and sexually transmitted infection and teen pregnancy prevention in and around Philadelphia areas, in high schools and middle schools, churches, community organizations. We are proud partners of the Urban Affairs Coalition and began our efforts to combat HIV and AIDS in collaborations with the AIDS Activities Coordinating Office, AACO, the STD Control and the Minority AIDS Coalition of Philadelphia.

In 1989, HIV was still a bad word. People didn't talk about it. There was a stigma attached to it, and anyone infected was considered to have brought it upon him or herself, and we didn't take it seriously. It was a white gay male disease. Why should we care? Then it begins affecting our black brothers, our black gay brothers. Then we thought, hmm, we might want to look into it. Then it became -- it started to affect African American women and children. And then we galvanized and we moved forward and we started demanding funding, and I commend the organizations and the institutions that went with us and marched with us and screamed with us and helped us get funding to really go out and educate and help our communities. And we did that.

There have been some successes. I hear the young lady say we needed to have a citywide campaign. We were one of the first cities to do that. I'm sure

you all remember, "Time to Get Tested." We did that here in Philadelphia.

We were one of the first cities, I believe, to go into the high schools and talk about HIV and AIDS. At first, they didn't want us to use the word "sex." We had to talk about abstinence. If you didn't say "abstinence," you couldn't come. Then kids started coming to the truck to get tested, and then we could talk about sex.

So we've come a mighty long way, and I think we should give ourselves a hand for what we have done.

(Applause.)

MS. BURNETTE: And look at --

COUNCILWOMAN TASCO: Sometimes your efforts get lost in time. It kind of gets lost in the history, and it's not really carried forward. And you all have done a lot of work, and I remember when Act Up took over this Council.

MS. BURNETTE: Exactly. Exactly. We went to City Council. We

died on the steps.

COUNCILWOMAN TASCO: And I remember the students and their presentations.

MS. BURNETTE: Yes, indeed. We used drama, we used rap, we used whatever would reach young people, women. And we didn't care whether they were gay or straight at that time. At that time, we were about saving lives. Then we started getting political, and I'm not going to go into all of that, but I just don't want us to forget from whence we came and that we have had some successes and how we can move forward now, developing strategies with the community in the community and with systems that will actually work.

Now, I'm talking off my speech now because everybody else has said everything that I might want to say.

And I applaud you, too, Ms. Blackwell, because I remember you coming to us and coming up with us to a school

to let people know, you know what, these kids are okay. And we rapped -- they didn't let me rap, but they rapped and we acted out scenarios and scenes, and then we were able to talk about how to say no, how to determine whether you wanted to have sex or not, what it meant to be gay and what it meant to be straight, how not to bully, how not to discriminate against an individual because of his or her sexuality.

So we've come, again, a long way, but we have to take steps now that move us toward prevention activities that actually work.

I believe that community engagement -- that's my spiel -- is the only way we're going to haunt this disease. And by that I mean, instead of people coming outside of us, researching us, our community, let's research our communities ourselves. Let's translate our information ourselves.

I point to the Southwest

Community Advisory Board. This is a group of people that Ms. Blackwell is very familiar with. We started working with them three years ago in connection with the Department of Health and Human Services, and we taught this community, the Southwest community that everybody says is the worst community in the world for everything, will not work together, there's this going on and there's that going on, but out of that effort, we taught them how to do focus groups, we taught them how to do windshield tools, we taught them how to evaluate data. Then we helped them prioritize that data into interventions that will work for their particular situations.

That community now, they just had their third annual meeting. They are attacking their priorities. They're doing turn the gun campaign in, because violence was number one.

HIV/AIDS, we're on every corner in Southwest all the time, and when

people say there are not services available, no, there are not enough services available in the community, but there are services in the community, because we're in Germantown, we're in Southwest, we're in West Philadelphia. And we're not in there from 9:00 to 5:00. We are in there from 6:00 to 9:00. We're at house parties at 2:30 in the morning testing or talking prevention and passing out condoms.

So there are activities going on. We just have to evaluate and assess the ones that are really working.

I agree with the young man that said we need to come out of our office, but I'm not in mine, and I don't think the other people that are getting funding are always in their offices, too. Let's don't paint everybody with the same brush. Let's look at our successes. Let's take a hold of our own destiny. Let's bring people together in the community who are most affected by this

disease and ask them what needs to be done so that you will ask your partner to wear a condom. Heterosexual male, who will you talk to so that we can bring something together that will actually work for you? Young men and women, who are you influenced most by? How do I get you to stop thinking that this is a wholesome -- young people probably going to say, Ms. B, she's too old, Foxy Brown is the one to go. What is this stripper mentally?

We need to educate parents. So let us not forget that we just overcome a crack epidemic. We're still in recovery. Big momma has left the building. So these children are children of crack addicts, children who didn't get that traditional upbringing and the value system that we take for granted.

So we have a whole lot of things to talk about and address, and I only ask that we address them together, we address them honestly, and we address

them with the people who they concern.

We go in the streets and talk to people, focus groups from the people that are most affected. We have been researched by everybody in the world. I don't think Philadelphia has missed not one person that does research. I bet if you Googled research in Philadelphia, you'd find two million pages of this and that. And everybody has a recommendation. But you will not find many that said the African American community in Philadelphia, when faced with the epidemic of HIV and AIDS, when the media started treating it as a treatable disease and didn't research itself. We have to make HIV -- wrap it around other services. We're going to have to include blood pressure, diabetes, dental. We got to take away the stigma. I can't just talk to momma about HIV when she's not sure how she's going to pay her rent. I've got to talk to her about life skills and sit her down at the table and

say, Baby, you know what? Now, when you bring Joe-Joe in and Joe-Joe is paying the bills, if you're nice to him, little missy is watching that and you're creating a generational problem now.

There's so much work to do, and if we pull together, we can do it. But those strategies, I still have to say this again, have to come from the people most affected in order to work, because until they do, we'll be here in the next ten years at a testimony asking you guys to please help us help ourselves.

Thank you.

COUNCILWOMAN TASCO: Thank you very much.

(Applause.)

COUNCILWOMAN TASCO: Who is next?

MS. FIELDS: I'm one of the ones that's living with HIV and AIDS.

COUNCILWOMAN TASCO: Would you give me your name.

MR. FIELDS: My name is Carla

Fields, ma'am, Councilwoman Tasco.

COUNCILWOMAN TASCO: Carla Fields?

MS. FIELDS: Yes, ma'am.

COUNCILWOMAN TASCO: You're from Act Up?

MS. FIELDS: Yes.

All I can do is tell you my story. I'm an activist. I'm out there on the street. I'm educating people. I'm getting people in there when people saying that HIV don't have a face. It's just a stigmatism. It's a death sentence.

It's not a death sentence no more. Okay? And I've been diagnosed for multiple years. I know mostly everybody in this room from one form or another, because I'm so much out there on the pavement.

Excuse me. In answer to your question about Germantown, Germantown do have a program up there, okay, that's educating the women, as well as men as

well. They knock on the door. They help out so much. Germantown is one of the communities, even though it's not based, they do a lot for their --

COUNCILWOMAN TASCO: What's the organization?

MS. RANSELLE: Liberation Fellowship CDC.

MS. FIELDS: Thank you.

Because I know that I keep my ears open. I might don't have the stats with me, but I know that Hispanic and black community is mostly affected. It went down in the MSM community that -- they're not infected as much as we are in the Hispanic community, and the white community is not affected as much or Asian. Put them out there, too. Because I do research. I go out there. I do what I do for my people. I'm here for the people. My people are at like -- they don't want to give housing. I've been homeless for two years and I went to a DVD shelter, a domestic violence

shelter, and I was discriminated because I had HIV from the staff, and that hurt me so bad. They dropped me off back at my abuser's house. And they couldn't tell me why they did it, but I already knew why. My medicine was being missing. I had to really go into hiding for myself, which I am now, fighting for housing. And y'all wonder why people don't come forth and ask for help. Because every time they ask for help, they getting the door slammed from AACO and all these different agencies that's up here and telling y'all half the story. Well, I'm out there living this. I'm living this, and nobody can tell me it don't hurt me. It do. And God is on my side every day, because I'm educating my own people, and I'm educated in it so much that people that know me could tell you.

I'm not just sitting out there just laying down to die. I'm not. I'm not out there in the street laying down

to die. I'm living this nightmare, because I don't want to go back to a shelter, how they treated me before.

I went there with a broken -- my jaw was broken, and got so much criticism from the staff. And what to me it shows me, when I offered myself to educate the staff, they told me, what makes me educated. First of all, I went to Project TEACH, outside, inside, because I have a college education in social work. What makes me educated in this? I'm living this. That makes me an educator in this, this life-style, how to treat your fellow man, for all the ones that's dealing with this in here. Okay? And everybody sit up there and say, what can they do for us? What can you give us the tools to do for ourselves. Self-education, self-motivation is the best key that you can give a person.

You offer us health, but look at this, without housing who is going to care about they health? Who is going to

want to go for treatments and the things they need if they don't have the proper housing? They fill out all the papers. They go there, they beg for housing, and they just keep on telling them, Oh, you got to keep sleeping -- and I'm going to tell you, I went to Eliza Shirley. They had bed bugs. I had to go back to my doctor. I had 75 percent of my body bit up from bed bugs from sitting on a sofa, what they call the living room. You got to sit there for two weeks. I was bit up 75 percent of my body, where I had to go back to my doctor and get creams, like five different creams and soaps, so I can get rid of this bed bugs bites off of me.

It's not like I don't take my health seriously. Anybody that know me in the medical community, I do take my health seriously. I advocate. I'm out there every day advocating, the young, the old. You name it, I'm doing it. Nobody don't even got to ask me twice.

COUNCILWOMAN TASCO: We want

you to kind of summarize your testimony, sweetheart, because we have other people --

MS. FIELDS: Okay. Well, I'm summarizing my testimony. After hearing from everybody in here today, unless you're living with this and living homeless, dealing with the health crisis, you don't know what we go through. And I understand you're trying to get to know us, but for us, we just want to be treated like a human being. Give us the tools to advocate for ourself. That's all we asking.

COUNCILWOMAN TASCO: Thank you very much.

(Applause.)

COUNCILWOMAN TASCO: Are you next?

MS. RANSELLE: I am. Good afternoon, Madam Chair and members of the Public Health and Human Services Committee. My name is Marie Ranselle, and I am just excited today about all the

energy being produced at these hearings. I have the privilege of representing the Ryan White Part D Provider for the Philadelphia area, the Circle of Care. We are a project of the Family Planning Council, which is also the Title X Office of Population Affairs grantee for the five-county region in Southeastern Pennsylvania, and we thank you for this resolution.

I want to tell you about an application that I approved in my agency. I approved $500 support for a 24-year-old woman and her 20-week-old premature baby to be buried. She died pushing this baby out at one of our local hospitals. The baby lived for ten minutes and died. She lived for 20 more minutes and she died as well. That was in late September. We buried her in October, this month. We buried her and the baby this month. She was HIV positive. She was a wonderful mother, and she left one child behind.

I also have the story of a

30-year-old woman who has two children who died of a massive heart attack December 31st, 2009. She left her children behind. She is dead. We also paid for her support, for her burial.

We buried a 21-year-old perinatally infected male. He was born HIV positive. And he was tired of taking his pills. We buried him in January of 2010.

We are the Circle of Care. We are the HIV service delivery system that takes care of families. I have these stories to tell you because this is what we are confronted with on a daily basis. We have our other hats, too. We're also funded by the AIDS Activities Coordinating Office to both test Hispanic and black women of child-bearing age and men of child-bearing age who identify themselves as heterosexual. We also provide services for HIV positive pregnant women, making sure that they have HIV negative babies and are

responsible, in conjunction with AACO, to mount that response to prevent mother-to-child transmission in the Philadelphia area, and that is based from CDC funding.

But all my esteemed colleagues and my counterparts, there was good information and statistical data and reports that show you what the true epidemic looks like. That is important, but I think as you guys ponder what is going to happen next, you need to hear about the deaths. You need to hear about our client who has bed bugs and scabie bites because she's HIV positive and in need of housing. And don't forget her two-year-old and her one-week-old were in that housing with her.

You need to hear about the clients who can't do it anymore, just can't do it anymore, and don't know what to do, so they call. And we do what we can, but it's 6:30 and all resources in the City are now closed, or it's Saturday

or it's Sunday or it's a holiday weekend.

Those are some of the stories I think you guys need to hear, because it is the face of HIV and its epidemic in the City.

I think it is important that we are targeting -- and I'm off my testimony, Madam Chair, but it is important that we are targeting, testing and treating communities in Philadelphia. We must do this. These agencies that are working in the City are phenomenal. We have a fraternity or a sisterhood or brotherhood. We work hard. We work daily. We press hard.

As our sister from YOACAP just mentioned, we are doing things and testing at hours and supporting people at unheard of times of the day, unheard of. But that's what we need to do, because everything does not happen Monday through Friday between 8:30 and 4:30 p.m. So evening hours -- when I say "evening," we mean late in the evening, everybody. We

mean late. We mean Saturdays when we're coming out of our bed, because, yes, we work Monday through Friday. We meet Sundays at the Mashgiach testing event or the church testing event. We meet the community where they are. We all do.

In light of what has been said about the funding that's going on and a lot of City agencies that are funded, the agencies funded by the City of Philadelphia that are based downtown, they don't stay downtown. We are an agency based downtown, 1700 Market Street, 18th Floor. We have provided HIV counseling and testing services, supportive services, medical care and services to people in 25 individual and distinct zip codes in the City of Philadelphia. We are everywhere, all of us. We are working hard.

I think that the focus is the continued press forward and collaboration by all the agencies and concerned persons involved. We often segment ourselves

about focusing on our group that's most important to us. It's all important. It's all important. But when we don't do what we need to do and we miss the mark, I am signing the applications for our fund for families for support for burials. There are others sitting on my desk as we speak.

I would like to also address the importance of communities of color that are emerging in risk. Our brothers and sisters at the Southeastern Asian Mutual Assistance Associations Collaboration, SEAMAAC, the African Family Health Organization and other service agencies that serve Hispanic individuals, people from the Caribbean, West African individuals and other distinct populations. These individuals in these groups are working hard as well with minimal funding.

So it's the continued collaboration and support that needs to go on.

And I know we have a lot of testimony to continue to go through, so I'm going to be brief. But, Madam Chair, I don't want the deaths and these applications that I'm signing for to support these persons to be in vain. I don't. So it is my -- I implore you, I implore you to work through these recommendations to produce a strategy. Not just more hearings, not another committee after this, but a strategy that we can all -- and I tell you, we will all -- and people in the room will agree, we will all get behind this, every last one of us. We will make it work. In light of the tightened funding and the different constraints that we have, we will make this happen.

In terms of -- one more thing. There is something -- everywhere I go, including to the CDC, which is where other co-workers are right now, because we have been funded for a program that targets heterosexual and MSM African

American males, and they're being trained on the interventions as we speak, what we need to have are mobile units, Madam Chair. We need the ability to go into the neighborhood. The health districts are fine, as well as the other federally qualified health centers, but we need to go where the people are, because it costs $6, Madam Chair, to get on a bus right now to go and come back to your house. But if we have a mobile unit where we can test you for HIV, chlamydia, gonorrhea, syphilis, do a dental examination, check your blood pressure, check your sugar. We're going to have them where they are and they're going to trust our faces, if we could test and treat on the block, there will be no loss to care. There will be no more deaths, no more deaths.

I can't take it. I can't take it anymore. The baby did me in. So when I saw that this resolution was presented and had the opportunity to testify, I really needed to tell you about that

client so you could see her like I see her and grieve with her mother, who is now raising the child she left behind.

I thank you. I thank you. The Family Planning Council thanks you and Circle of Care thanks you for this ability and your forward-thinking this, and I hope that we can join forces with you and the City Council to press the strategy forward for the City of Philadelphia.

Thank you so much.

COUNCILWOMAN TASCO: Thank you very much.

(Applause.)

COUNCILWOMAN TASCO: Councilman Jones, you have a question? We were waiting until the end of the panel, but if it's a pressing question.

COUNCILMAN JONES: Yeah, it's a pressing comment, because I have to go. I have a 2 o'clock.

I just want to thank you and the members of this Committee for

bringing this issue forward, pushing this resolution. It's important that we hear this. It is important that we know that the war isn't over, that somehow there was victory declared. This reemphasizes that for us.

As we compete with funding sources of different problems that we have to face, we have to know and constantly in the forefront of our minds that this is a problem that persists.

I think I've taken a couple comments from this, that there has to be a connectivity at the local level. We can legislate stuff from mount high, but if it don't get down low into the nooks and crannies of the community, it's less effective.

And the other thing that you just said that I really want to emphasize support for is the mobile units. I believe telemedicine time has come. We have to go to where the problems are.

And then, finally, my only

comment is this: These hearings are important. What we need to do is lock ourselves in a room for a day or two, go by issue, because I heard a lot of good comments, and then figure out an action plan, because other than that, we're doing groups.

(Applause.)

COUNCILMAN JONES: And we really need to kind of figure out and marshal resources that are out there in different aspects and bring them together and say, here's the three things we can do, here's the ten things we can do over the next year, here's the things we need to do over the next five years, just like you would do a business plan, and put it in different categories and for different people's responsibility.

So I want to thank you, Madam Chair and members of this Committee. I'm not on the Committee, but it's heightened my awareness of the issue. So thank you.

COUNCILWOMAN TASCO: We thank

you. You were not here when we talked about the follow-up process earlier. We talked about once we have the hearing and gather the information, then we try to figure out how we develop an action plan, but it takes everybody, because there are different opinions about different things, but we have to come together and kind of figure out what is it we want to -- what the end product should be, what we want to do, who can do it, who can't do it, where do we -- but it will take a further discussion about that once we finish.

COUNCILMAN JONES: I'm in, Madam Chair.

MS. RANSELLE: Madam Chair, I just want to say one more thing. The program that I alluded to about taking care of positive pregnant women in the City of Philadelphia, the CDC-funded initiative, we have serviced 500 women in the past five years and there has not been a positive baby in our program yet.

Not to say that there's been no positive babies born in the City of Philadelphia, but we have significantly reduced, in conjunction with AACO, the number of babies born that are HIV positive. So that is something, I guess, to hang our hats on related to the work that we do.

COUNCILWOMAN TASCO: Well, thank you. I was on the Family Planning Board many years ago.

COUNCILWOMAN BLACKWELL: Madam Chair.

COUNCILWOMAN TASCO: Councilwoman Blackwell. I'm sorry.

COUNCILWOMAN BLACKWELL: Thank you for your compelling testimony. And let me say that what we as leaders have to realize, we're fighting -- I have a meeting this afternoon in about 15 minutes dealing with the overall issue of lack of shelter beds that we have in the City. So if we have lack of shelter beds for people who may have been burned out or people who have been evicted or people

who just don't have, what can it be for this population? And I say to my colleagues, whenever there is a need for special housing for people with special issues, they come to me. I got everything in my district. I got vets, I got all level of homelessness, and I have many -- I have drug and addicted homes. And I say this to say that it's not easy, but all of us have to rededicate ourselves to do what we can. All of these people are not going to be in one Philadelphia nursing home or in one place. We have got to support people being able to live in the cities where they're born, and that's something else that we as leaders have to deal with, because people don't disappear. I say it all the time. But people don't disappear, and people need support, and they've got to be able to live in the neighborhoods from whence they've come.

So everybody comes to me. They say, We know you'll take this population.

And I try to get my community to accept, but it's all of our -- it's not just mine or not just yours or Councilman Goode or Blondie's. It's all of our responsibility to share the resources of our community and try to get our communities to welcome their own children and neighbors back into their blocks.

Thank you. Thank you.

COUNCILWOMAN TASCO: We hear you. We're struggling with that in my district in terms of trying to share with the community the importance of opening up their eyes and ears and hearts to the plight of the people who have stumbled, but who are trying to get themselves back together. And but for the grace of God goes a member of their family who would be in that situation.

So it's a part of a struggle and an education process, and we appreciate what you do, Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank

you.

COUNCILWOMAN TASCO: Next is Mr. -- who is next? You want to be next? Are you Jose?

MR. De MARCO: We both are.

COUNCILWOMAN TASCO: Go ahead, Whoever you are. Identify yourself for the record, please, and proceed.

MR. De MARCO: My name is Jose de Marco. I'm with Act Up Philadelphia. And I'm glad to hear Ms. Blackwell speak about the homeless issue, and we've tried to meet with you four times and it's never happened. So hopefully this time we can schedule a meeting where we all can meet. I've been --

COUNCILWOMAN BLACKWELL: Everybody can meet with me on homelessness. So you don't have to --

MR. De MARCO: Okay. We've dropped by your office --

COUNCILWOMAN BLACKWELL: But you don't have to go there, not with me, not when it comes to homelessness.

MR. De MARCO: Well, maybe we can find a time we can meet with you now before I leave.

COUNCILWOMAN BLACKWELL: I got a meeting with Dainette Mintz at 2:00 on this issue. But ask anybody. I've been doing this for a million years. You offend me when you say you can't meet with me on homelessness, because it's my passion. We do -- we're getting ready to do 4,000 people at Christmas and kids and everybody. I do my thing.

So you offend me when you act like you can't meet with me, because anybody can meet with me. Go down there and get in that line of people who try to get someplace to stay every day. I do it every day.

MR. De MARCO: I'm not arguing with you. We would like to meet with you. We've tried four times.

COUNCILWOMAN BLACKWELL: I think I made my point. Don't offend me.

MR. De MARCO: I'm not trying

to offend you. I'm trying to get a meeting with you.

COUNCILWOMAN BLACKWELL: I dedicate my life to it, in season, out of season. It's my life's work. So don't act like --

MR. De MARCO: I'm not doubting that.

COUNCILWOMAN BLACKWELL: -- you can't see me, because everybody can see me.

Sorry. Sorry, Madam --

MR. De MARCO: Okay. Well, maybe your staff should tell you when we come to your office on four different occasions, people with AIDS, and ask to speak to you.

COUNCILWOMAN TASCO: Sometimes it's best to call and make an appointment. It's very difficult to walk in on a Councilmember, because they do have schedules. So they do have scheduling staff. It's best to call them and get an appointment.

MR. De MARCO: We've done that and had appointments.

COUNCILWOMAN TASCO: Well, certainly you'll try and work that out.

MR. De MARCO: Well, anyway, let me make a long story short. We're working right now on a housing --

COUNCILWOMAN TASCO: What's your organization?

MR. De MARCO: Act Up Philadelphia and Projecto SOL as well.

We're working right now on a housing demonstration, and it's been -- study after study after study has proven, if you house people with AIDS, it's prevention and it's treatment. Last year, according to the City Health Department -- I mean, this is as the numbers that we know -- six homeless people died on the street with AIDS. Those are the numbers we even know about.

We know that people that are on the street do all sorts of things to get off of the street, and unfortunately

people do sex work, people take drugs, they drink, because living on the streets is no -- is really, really not a place to be.

We know that many of our members who are homeless come and tell us what life is like in the shelters, from bed bug bites to scabies to tuberculosis. So people would rather not go into shelters.

There's a Housing First model that a lot of other cities use to house people with AIDS, which I think Philadelphia should actually be looking at and seeing how we can get money to actually house people that are actively using drugs, because people that are actively using drugs don't have access to treatment, and we know treatment is prevention.

We've tried to impress this upon -- we've met with City health officials. We're trying to impress upon the Mayor, people with AIDS need to be

housed. They don't need to die on the street.

I see a lot of it where I work. People come in every day that are homeless with HIV or AIDS. They have nowhere to go. In fact, they don't even know that the services exist for them. So it's hard reaching out to people that you can't let them know this exists, that exists, that exists, this exists. People don't know. One by one if they come into our agency, we can let them know. But it's obvious like not a lot of effective street outreach is going on at this time. And right now our waiting list for AACO, it needs to be funded, because there are people that are waiting on a housing list for housing. Some people are waiting for subsidies, and there are homeless people that are waiting to be housed. I think the waiting list is now probably three months or so. I mean, which has been brought down from two years, but that's a long time to wait for housing if you're

sick. It's an awful long time. People have died waiting for housing on this list.

One member of our group, his wife died. He contracted scarlet fever.

So what I'm trying to impress upon you, shelters are no place for people with weakened immune systems. No place at all.

COUNCILWOMAN TASCO: So are you saying that some of the shelters should be dedicated specifically for people with AIDS?

MR. De MARCO: No, that's not what I'm saying. What I'm saying is, we have to find an alternative for people with AIDS so they don't have to go into shelters. We need to find housing for them. We need to find places for them in their own communities. I don't want to set up a concentrate camp for people with AIDS.

COUNCILWOMAN TASCO: Well, you just heard Ms. Blackwell talk about the

difficulty in trying to identify a house or home in neighborhoods where the community is not -- the NIMBY, not in my backyard, and that is what -- and even if you have a group who may want to do that, it's sometimes not as easy as said.

I had the privilege of visiting a home that was built in West Hollywood. This is way back in the '90s. Beautifully constructed home for people who had AIDS, and that was -- and that whole community was certainly more open and receptive to people who have HIV/AIDS or particularly those who have AIDS.

And so it's not as easy as said, and usually what happens, you work with the local community or community group to identify someplace and then seek the funding. It's a whole other process. You need to talk to Ms. Mintz in the -- Dainette Mintz.

COUNCILWOMAN BLACKWELL: Madam Chairman, I have to leave to go to a meeting in my office with Dainette Mintz,

but my staff reminds me that we did meet with them. We even set them up a meeting with the Mayor. Now, if the Mayor didn't satisfy them, I don't know. They wanted a meeting. The issue was on funding, and we got an appointment with the Mayor for them.

So I rest my case, sir.

MR. De MARCO: Thank you.

COUNCILWOMAN TASCO: Thank you very much.

(Applause.)

COUNCILWOMAN TASCO: Thank you very much.

MR. De MARCO: You're welcome. Thank you for hearing me and thank you very much for having these hearings. It's long overdue, but sorely needed, and thank you so much for being the catalyst for this to happen.

Thank you.

COUNCILWOMAN TASCO: One recommendation I'd like to make for all of you -- and I should have done this

much earlier -- is that during the course of the budget process, you need to come in and testify as to what's going on, testify what the needs are, so that the Health Department can hear it, so that the other Councilmembers can hear what is going on, because we have not had a hearing around this issue for a long time, but the needs are there. And we certainly have -- as people call our attention to it, we'll meet with the Health Commissioner. But there's a public process for you to come in and express your concerns about any issue, and particularly this issue, when the Health Department testifies. We have a public schedule for the public to come in and testify on any of the issues that have been raised during the course of the budget, and we need to hear that. So as we move forward and plan, we can take that testimony into place. We hear from individuals, but collectively at some point we need to hear from you.

MR. De MARCO: Thank you very much.

COUNCILWOMAN TASCO: Thank you. Yes, sir.

MR. BENITEZ: Thank you for the opportunity. I'm Jose Benitez, the Executive Director of Prevention Point Philadelphia, and I wanted to thank you for the opportunity to testify today.

We do have some success in Philadelphia. So I want to talk about it just a little bit. If you flip the epidemiological data back to the early '90s, what you will find is about 47 percent of the people who were newly diagnosed with HIV were from IV drug users, sharing needles essentially. If you look at the data today, the latest data that's available, which is 2008, we have that down to 12 percent. So --

(Applause.)

MR. BENITEZ: Thank you. Because that's huge. And really I think the Commissioner talked a little bit

about it in his testimony this morning, that it was largely due to syringe exchange. The syringe exchange program, which is Prevention Point, exchanges about 1.6 million needles a year. We do that with a really tight budget. We do it in mobile vans. We do it in various areas in the community, and we do it with about 3,600 people.

My elevator speech, because I know it's been a long day of testimony so I'm going to be quick, is basically a syringe costs us 7 cents to give out to trade with someone. Taking care of somebody with HIV is a little over $200,000 if they have an illness going on. So the math is really simple.

We see this. I know that this is still seen in some areas and in some communities as a controversial issue, but it is an effective issue. When I walk up and down the line or we're doing exchanges, one of the things that has gotten through a drug-using community is

the fact that they're not to share. They know not to do that, and the only time that they do share is when they're desperate and they don't have other needles available. And that's a cost issue for us.

So we do have some interventions that work in the City of Philadelphia. This is one of them, and it should be continued to get funding and to expand and to move around some of the sites that we currently have, because some of -- the epidemic is moving into different zip codes. We should sort of reexamine -- so this is a recommendation for City Council. We should reexamine where we have syringe exchange sites at this particular point, because they're not all in the areas where there's the most prevalence of HIV.

And with that --

COUNCILWOMAN TASCO: How are those sites determined?

MR. BENITEZ: They were

determined back in the early '90s with the Health Department and the Office of Addiction Services. And back then, they were certainly put in areas where there were high prevalence of HIV through IV drug use. That is no longer true today. So we're going to have to do -- we're in the process of -- there is a study that's available to us that make recommendations to move some of the syringe exchange sites to more appropriate communities.

COUNCILWOMAN TASCO: Have you talked to the Health Department about that?

MR. BENITEZ: We have, and we're in the process of working that out at this particular point.

COUNCILWOMAN TASCO: I mean, that's where you would go. I mean, our message would be to the Health Department to see if you could address this issue.

MR. BENITEZ: Right.

COUNCILWOMAN TASCO: But I'm glad to hear it.

MR. BENITEZ: Right. I just wanted to testify that we do have some successful kinds of interventions. One of them is the syringe exchange program, which is something that -- about a third of our clients each year go into drug and alcohol treatment. So there's a lot of surrounding services. We test around 1,100 people a year. Four percent are HIV positive. So we're finding a lot of new positives that way.

These are untraditional kinds of services that we provide. We do it through a social network essentially. So there are some models out here for us to sort of copy from and share with the rest of our other AIDS service organizations.

COUNCILWOMAN TASCO: Thank you.

It seems to me from today's testimony, there are a lot of organizations doing a lot of work around this issue and in the community. I think the question that has not been raised or the issue not raised today is the issue

of confidentiality. Do people not want to get tested because they're afraid that someone -- they might not want to tell someone, but are they concerned that their test results are shared with anybody else? Because, you know, with the Internet and all the stuff going on, people are very nervous about having their business in the street. And so we haven't talked a lot about confidentiality around this issue, because part of it -- I think the major portion of addressing this issue is education and getting tested and why people should get tested and the assurance that their information will be kept confidential.

MS. BURNETTE: One of the things -- I'm glad you asked that question.

COUNCILWOMAN TASCO: Identify yourself.

MS. BURNETTE: And you're right, but one of the things that --

COUNCILWOMAN TASCO: Identify yourself.

MS. BURNETTE: Linda Burnette with YOACAP, the Youth Outreach Adolescent Community Awareness Program.

To the issue of confidentiality, AACO has done a wonderful job of helping create a system of care, would you not agree, where we use unique identifiers to identify people who are tested. So your personal information is not revealed to -- the average Joe would not be able to get it. Only the person who would be entering that information -- is that the same for your organization?

MR. BENITEZ: Exactly.

MS. BURNETTE: That's not an issue anymore. Back in the early days, you're right, that was an issue, but that's something that we've kind of overcome.

People are still a little leery about getting their test results, because

they still don't want to know a lot of people, but the fact still remains --

COUNCILWOMAN TASCO: They probably don't want to know themselves.

MS. BURNETTE: They really don't want to know, and that's why it makes our job a lot harder. And I think one of the things that we all can agree on is that when people do know their status, they're less likely to spread the disease. And I hope -- that's been said a couple of times today. But confidentiality is no longer an issue, and I commend AACO for developing that system for us so that we could talk to our --

(Applause.)

MS. BURNETTE: Because sometimes your funders get a big slap on the wrist. They get a big slap on the wrist, and through this last funding cycle -- I have my concerns just like anybody else, and I want to make that -- I don't have everything I need. YOACAP

is still, just like you guys, looking for money, and every other group in here. But we were hit by the recession just as you all were. We were at the budget hearings, and we understand that there are a lot of things that couldn't be done that we're still working on, and we appreciate the help that the City is giving us. And I do hope that Ms. Baker will come back and explain the -- we had a meeting on yesterday when they were talking about how you guys could help us get nominated to different committees, federal committees, and organizations that would assist us in getting funding for the City, but we have to be nominated by a Mayor or -- and I don't want to give misinformation -- by a Mayor or a City Council person.

So this is something that will be an asset to the City. I know I'm offline now, but I do hope that she will -- if she doesn't explain it today, will call someone at your office so that

we can get those recommendations.

But, no. Confidentiality is not an issue. I think we're still facing the stigma of HIV and AIDS and we're still facing the stigma of how to engage, educate and get the community to embrace their own health.

COUNCILWOMAN TASCO: Someone was going to talk about aging and HIV/AIDS, because there are a lot of -- with the Viagra and Cialis and everything else coming down.

MS. BURNETTE: That's right.

COUNCILWOMAN TASCO: I mean, particularly women who are widows and who get into relationships.

MS. BURNETTE: Yes.

COUNCILWOMAN TASCO: They need to understand what that means in terms of their --

MS. BURNETTE: People don't stop having sex because they get older.

COUNCILWOMAN TASCO: I beg your pardon?

MS. BURNETTE: People don't stop having sex because they get other, but -- is the person here who is going to speak to that?

(No response.)

MS. BURNETTE: We do go to -- because we are in the community, we do get to talk to a cross-reference of people, and we do talk to the older men, who are oftentimes having an affair with a younger woman and they have a long-term affair or marriage with Deaconess Burnette. So when he drops her off at church a lot of times -- and this is just an example -- he's going back under the bridge or going back to his younger lover's house and it's in exchange for money and it goes like that.

But the elderly are at risk, because they really don't think that HIV affects them. That happened after they took off their rock and roll shoes. So now everybody in their group is okay. And one of the hardest things to do with

the elderly population -- and I hope -- this has been for us -- Diane, I know that's your group too, and, Tyrone, I know that's your group.

The elderly generation is getting them to embrace, to embrace healthy attitudes, not just about sex but about diabetes, high blood pressure, eating well, getting exercise. So when we're addressing the elderly population, what we do is talk about all of those things, and then we wrap HIV into it and then we talk about Viagra and then we talk about making wise decisions at whatever age you are.

COUNCILWOMAN TASCO: Okay. Thank you very much.

COUNCILWOMAN BROWN: Two questions.

COUNCILWOMAN TASCO: Councilwoman Brown.

COUNCILWOMAN BLACKWELL: Madam Chair, let me just add that -- this is Brenda Cooper, even though she's on the

floor. She runs Horizon House. We have the only cafe that's in existence 24/7, because most of them close when the weather is good and all of that, which is night emergency, evening emergency shelter. But we deal a lot with mental health and people with special needs, and she's offering to help people -- she's offering to be a part of this group and to help in any way she can.

COUNCILWOMAN TASCO: Okay. Thank you very much.

We will be working with Councilwoman Blackwell, because she co-sponsored this resolution.

MS. COOPER: I've been working with people with HIV for 21 years, and when they come to the cafe or they need someplace that they need to stay, that's where they stay, with me, until I can place them. There's housing, and I think AACO does just a beautiful job. They all know me.

And if Councilwoman Blackwell

had an appointment and knew that someone was coming in there with HIV or anything or any problem, I will come there and handle the situation. But she's been doing an awful lot of work with HIV. I know because I'm the one doing it, and everyone in the City -- I've gotten every city and state award. AACO and some of the people that are here know me.

But the Councilwoman is very, very concerned about that. I'm at 3309 Melon. Whenever someone finds out that their lover or whatever, somebody is HIV, they come there, and I take care of them 24 hours a day. They come in there 6 o'clock in the evening. I have a case worker that's there every day and I also have a psychiatrist is there on Mondays and a doctor on Wednesdays. You have to have these type of things in order to be able to move people along. And if you don't have these things -- they test people there. Everything is confidential, because if you say

something, I don't care what agency you with, you lose your job.

So I'm willing to work with the agencies and help. I already do, but I'm willing to even do more for the ones that don't know me and know what the Councilwoman does.

COUNCILWOMAN TASCO: Thank you very much. Thank you.

A couple of questions from Councilwoman Brown.

COUNCILWOMAN BROWN: I have a number of follow-up questions, but I am going to wait and anticipate the follow-up, I will call it planning, strategic planning session, that we'll do. I very much want to be a part of it.

One recurring theme for me was the importance of having the services that you provide in neighborhoods, in the trenches where many of our persons are.

What about those residents who are not comfortable going to the services in the neighborhood? They're just, quite

frankly, uncomfortable and, therefore, opt to, choose to go downtown where they can maintain a sense of anonymity? Comment on that, if you would.

MS. BURNETTE: We have a program just for that. We have a specialist, and I'm probably using the title wrong, but a lot of people, as you would know, on our truck when we're out at night, they don't want to get tested. So we give them a card. They come to 1207. It's very discreet. People don't know why they're coming there, because we're doing youth development. There are other people on the floor. We are very, very -- and I'm sure you guys are. We're very, very sensitive to the fact that this person has made a decision to come in our office and get tested for HIV. We're going to go get a glass of water. We're going to do whatever we can to make this person feel comfortable. And then they're enrolled -- if they're positive, we refer them to the case management

system, which has worked for us. And if they're not, then we enroll them in a series of workshops to teach them how to maintain their negative status and to adopt --

COUNCILWOMAN BROWN: So that's addressed?

MS. BURNETTE: Yes.

COUNCILWOMAN BROWN: Thank you for sharing that.

MR. BENITEZ: Because the idea is to have all kinds of interventions available to people. So that depends on where you're at is -- if you don't feel -- in our vans, if people don't feel like getting tested right then and there, we can easily make an appointment for people to do it in the office.

COUNCILWOMAN BROWN: Very well.

My last question is, there is an AIDS Coordinating Office, and clearly there is a wide reach of services provided throughout the AIDS prevention/treatment community, which is

wonderful. My question is, how often do all of the stakeholders get together to just review and update what's happening and the like? I'm curious. And let me further clarify that. The academic community, because they have a role in, an important role; the direct service community, because you have an important role; and any other community where there is dialogue across all, for lack of a better word, professions. Because silos doesn't get us there anymore.

MS. BURNETTE: I know --

COUNCILWOMAN TASCO: Why don't we have Ms. Baker come back up here.

MS. BURNETTE: I think so, because I can only speak to the meetings that I am a part of, and information is transferred by e-mail or made available to all the providers and we self-select a lot of time what to attend. But I can't answer as to what all the type of meetings that they have.

COUNCILWOMAN BROWN: That would

be very helpful to know.

COUNCILWOMAN TASCO: And anything else you'd like to say, because you're going to be -- anybody else here to testify on this bill?

(No response.)

COUNCILWOMAN TASCO: She will be our last witness.

COUNCILWOMAN BROWN: Great.

(Witness approached witness table.)

MS. BAKER: Thank you. I would like to say again, I so appreciate you, Councilwoman Tasco and Brown and the Committee, for bringing this resolution to the forefront and giving it the attention that it's receiving now. We needed to have this here happen.

I concur with a lot of the testimony that I heard. I wish I could do more about it. There are some things, it's like we're going to look at these recommendations. Again, we have enlisted the support of Dr. Amy Nunn. But we do

talk to our community partners. We just had our Directors Forum yesterday. We do this quarterly. But in addition to that, we have prevention meetings where they meet with our prevention coordinator. We bring providers in for individual technical assistance. But we have an open-door policy. Any provider can contact us. We're readily accessible to them for concerns that they may have. And I do take these concerns very personal. It's like this epidemic is just totally out of proportion.

COUNCILWOMAN BROWN: So the quarterly meetings with all stakeholders that care -- and that's across disciplines, was the word I was looking for? That's across disciplines --

MS. BAKER: Yeah, care and prevention services.

COUNCILWOMAN BROWN: Forgive me?

MS. BAKER: Care and prevention services. So you have clinical

providers, community-based organizations, you know.

COUNCILWOMAN TASCO: That care for patients, and then there are the prevention programs.

COUNCILWOMAN BROWN: Got it. And so all of those meet quarterly, and then minutes are taken, I imagine, and shared with the entire composition of that coalition group so that folks are always -- I'm trying to -- is there a formal process? Because that then just helps minimize one other hurdle or criticism that any organization might get. To the extent that you can keep your constituents informed, it just helps in keeping the thread, the glue stuck with all of those who care about it.

MS. BAKER: We don't take minutes at our Directors Forum, but we do disseminate information that is generated in those meetings. For consumer constituents, we have our Ryan White Planning Council, as well as our

Community Planning group that looks at prevention services and is made up of providers and consumers representative of the community, and they're open and welcome to anyone who is interested in that information. There's also a website for that for people to go on it, but there's plenty of literature about that.

COUNCILWOMAN BROWN: Okay, then. Thank you again.

MS. BAKER: Again, with this here testimony, it's like -- I think it needs to just be put out there, that because of the progress with antiretrovirals, people are living long with the virus. They're an aging population. So I think some of the urgency has left in that regard, because people are living longer. Twenty, 25 years ago people contracted HIV, they died right away. They lived a year, two years. Now people are living 25, 30, 35 years on with quality of life because of these antiretrovirals, and that is a

success, but it's not a cure and we still need to do more. But I think it's lost some of that sense of urgency because it's moved from being an acute disease to a chronic illness. So hearings like this today and this resolution brings it back to the forefront.

I'm appreciative of our Mayor, who actually raised a flag that brought awareness this month of October. In my history, I have not seen that done starting from the top down. So I applaud that effort. And that the Mayor has been very much involved, having a liaison, Gloria Casarez, who works with our community organizations and very closely with AACO. We're very responsive to City Council when they have requests. We have worked very closely with Councilwoman Blackwell on the housing issue. The Commissioner, myself and Chief of Staff have met with Act Up to address these concerns. And certainly it is a housing problem, but, again, it's all of the

above. It's poverty, it's lack of awareness, it's stigma, it's housing, it's all of those things.

And looking at the recommendations, there are things that we can do that don't cost us money. Certainly collaboration is key to this and reaching out to the community, but we also need it from crossing other divisions, because we've heard things about the School Board and all of that. AACO doesn't control that. So that's divisionals collaboration that we will have to do, and certainly having a Commissioner who has been very instrumental in crossing a lot of those committees, we can certainly look to do that.

But we are going to take these recommendations seriously and try to see where, with our planning grant, where we implement some of these here things. We know that some of the interventions don't work. Part of that concern is is that we

receive our prevention funding largely through the Center for Disease Control, who has implemented the compendium of effective behavioral interventions. And, no, they don't work. There is not a one size fits all, but when we receive their funding, we're told that we have to select these here canned interventions in order to use their funds because they're evidence based. We do tell our providers if they have interventions that are not a part of that compendium, that they can bring them to AACO. We just have to ensure that there's a way of evaluating those interventions, but certainly we're open to listen and see where we can implement some of those things.

As far as the care side, we look to have services strategically placed all over the City so that people can go where they feel comfortable at. Again, getting back to stigma, when -- we heard the recommendation that the organizations are located in Center City.

We have several organizations located in Center City, but as the testimony you've heard, these organizations aren't just sitting in their offices. They are out in the community. And what we do find is is that, yes, you should have services in most of the areas, but a lot of times because of that stigma, people do not want to go in their neighborhood, because they don't want their neighbors or people that they may run into to know that they're going for HIV care services. So they like that option of being able to go downtown or across town or somewhere where nobody knows me and I can maintain my anonymity.

So I want that known, that we do have providers all over the City and they are trying to outreach to different communities. And we've done a lot of work, but, yes, there is a lot of work to be done, and I recognize that and I welcome this Committee and the follow-up actions that are going to come out of

that, and hope that we can come together and work on implementing some of them.

(Applause.)

COUNCILWOMAN TASCO: Thank you. Thank you so much.

Yes, ma'am.

MS. SHABAZZ-EL: I just need one second.

COUNCILWOMAN TASCO: One second.

MS. SHABAZZ-EL: I just want to end this as a person living with HIV who has stayed this entire meeting, that I just wanted to thank everybody for coming out and supporting community health for the City of Philadelphia. And I just need to say that AACO has been very accessible to me. I've made it my business to report to AACO all the work that I do, not just in this country but around the world. I just spoke at the International AIDS Conference in Vienna. I closed the conference and welcomed everybody to the United States, where the

next International AIDS Conference will be held here in Washington, DC in 2012.

I let AACO know what I'm doing. I think it's up to agencies to let AACO know so that we can collaborate. Sometimes we have to like reach down to reach up.

So I just wanted to say that, and I just wanted to also say that the President has a National AIDS Strategy. The framework is already there. And what we're doing here today is exactly what we're supposed to be doing as a city, because the National AIDS Strategy is not going to happen in a vacuum. It's not going to happen in a vacuum. The mandate comes from on high, but we have to do the work on low.

So I really want to just thank everybody for coming out, and I also want to be a part of whatever happens in the City of Philadelphia for HIV and AIDS.

COUNCILWOMAN TASCO: Thank you. I think that -- I appreciate your

testimony. I appreciate your being involved, and certainly this issue has been dealt with in-depth by Senator Hughes. So I think it's as we move forward -- because I don't want to get into silos. We want to look at what is it that we could do and everybody that's doing it, let's just kind of sit down and figure out how we can work it out together. I certainly will have a conversation with him, but certainly you all came to us, because the City does the funding, and we're the City Council that works with -- that the Health Department does have legislative responsibility to.

So as we think about what we do, it won't be my thoughts, it will be through looking at the notes of testimony, reaching out to some of you to ask you what do you think the next steps should be, and then kind of pulling together a group of people just to talk about what -- should we have next steps or what would those steps be in terms of

collectively working out a collaborative way of working, a better way of working. And it may be working fine. I mean, we all have testimony, we all have our thoughts about what's going on, but let's just kind of further explore.

So I wanted to say that this is the hearing, but it's not the end of the process, because I think it's very, very important. I can't believe I'm here 20 years later still talking about this, but it was very -- it was a crisis issue when I came into Council. I mean, we were just dealing with all the groups and trying to find funding, who is going to get the funding, who is going to control the funding. That was the whole debate back in the late '80s, early '90s.

MS. BAKER: Oh, I know. I mean, I can attest to that.

COUNCILWOMAN TASCO: Councilman Ortiz is not here, but he was Chair of the Public Health and Human Services Committee and was on the forefront of

bringing the issue and --

MS. BAKER: Mayor Goode, who started AACO --

COUNCILWOMAN TASCO: Right.

MS. BAKER: -- as a result of there being a disproportionate amount of --

COUNCILWOMAN TASCO: Funding, yeah. So those issues we dealt with. And then it kind of like, well, you know, people are out there working and so we go on to other things we have to deal with.

But certainly I'm glad that we had this hearing today. Thank you all for coming. Thank you for staying. I don't know who these ladies are.

Are you with the Health Department?

MS. BAKER: They work for the AIDS Activities Coordinating Office.

COUNCILWOMAN TASCO: Oh, okay. So they've been here listening all day long.

MS. BAKER: Yes.

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COUNCILWOMAN TASCO: And this lady back here.

Thanks so much. I also certainly appreciate all the work you do, and you've been hanging in there a lot with YOACAP. You know I love you all and have a great --

MS. BURNETTE: (Ms. Burnette speaking without microphone.)

COUNCILWOMAN TASCO: That's right.

So thank you all again and have a wonderful holiday.

We will adjourn to the call of the Chair. So that means we don't have to issue a new call. We can just schedule the meeting and come back again without a new resolution.

(Committee on Public Health and Human Services adjourned at 2:20 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter on October 27, 2010, and that this is a true and correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

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